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DIVISION OF CONDUNATIONS

COVER LETTER

TO: Registration Division of C		
SUBJECT:	BAYS HORE R	CEAL ESTATE PARTNERS LLC ted Liability Company
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corres	pondence concerning this ma	tter to the following:
	VICTOR	2 M. Conral
		Name of Person
	clo	GREENSTREET PARTNERS
	2601 S.	BAYSHORE DRIVE # 900
		Address
<u></u>	COCONUT 6	LOVE, FL 33158
	Ci	ty/State and Zip Code
	VMCORRAL	@ BELLSOUTH. NET
	E-mail address: (to be used	for future annual report notification)
For further information	concerning this matter, pleas	e call:
EFREN	ALES	at (305) 904-6513
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check f	or the following amount:	
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
BAYSHORE REAL ESTATE PARTNERS LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
8580 S.W. 141 ST. MIAMI , FL 33158 MIAMI , FL 33158
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
VIVOR M. CORRAL Name Name
8580 S.W. 141 ST.
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33158
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managin	Name and Address:
MERM	VICTOR M CORRAL
	8580 S.W. 141 ST. MIAMI (FZ 33158
MERM	EFREN ALES 2655 S.W. 37 AVE #1 MIAMI, FL 33133
MGRM	JANED BRUNDA BEND 1060 BRULELL AVE #241 MIAMI, FL 33131
(Use attachment if ne	
CLE V: Effective date, effective date is listed, to	if other than the date of filing: 5/14/10 (OPTION the date must be specific and cannot be more than five business date.
CLE V: Effective date, offective date is listed, to	if other than the date of filing: 5/14/10 (OPTION the date must be specific and cannot be more than five business date filing.)
CLE V: Effective date, effective date is listed, to days after the date of	if other than the date of filing: 5/14/10 (OPTION the date must be specific and cannot be more than five business date filing.)
CLE V: Effective date, effective date is listed, to days after the date of REQUIRED SIGNA	if other than the date of filing: 5/14/10 (OPTION the date must be specific and cannot be more than five business date filing.)
CLE V: Effective date, effective date is listed, to days after the date of REQUIRED SIGNA Sign (In a of the	if other than the date of filing:

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation