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### FLORIDA LIMITED LIABILITY CO. EUROHABITAT HOMES, LLC.

Certificate of Status Certified Copy 1 04 Page Count Estimated Charge \$155.00

C. LEWIS

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August 5, 2010

FLORIDA DEPARTMENT OF STATE

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The registered agent must have a Florida street address. A post office box is not acceptable.

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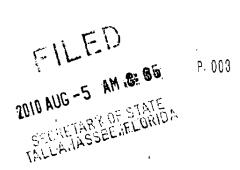
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Registration/Qualification Section

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SECRETARY OF STATE
SALLAHASSEE FLORIDA



#### ARTICLES OF ORGANIZATION

#### ŌF

#### EUROHABITAT HOMES, LLC.

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

#### ARTICLE I - NAME AND ADDRESS

The name of the Limited Linbility Company is:

EUROHABITAT HOMES, LLC.

#### ARTICLE II- Advess

The principal place of business address shall be:

14201 SW 82 CT Miami, FL 33158

The business mailing address of the Limited Liability Company is:

PO BOX 561990 MIAMI, FL 33256-1990

e/G

2010 AUG - 5 AM . 86 SELRETARY OF STATE PALLA HASSEE, FLORIDA

#### ARTICLE IV - MANAGER(S) MOR or Managing Member(s) MGRM:

The company is to be manager managed. The company shall be managed in accordance with the regulations agreed to and adopted by its members. The initial managers of the company are identified below, and are authorized to act on behalf of the company, including the execution of all contracts, deeds, mortgages, leases, and any other instruments necessary to accomplish the purpose of the company.

Transferability of Membership Interest

No members shall have the right to assign their membership interest in the company without the written agreement of all the membership interests, unless otherwise provided in the Company's Operating Agreement. If the assignment is not approved by all of the membership interest, the assignee shall have no right to become a member, to participate in the management of the company, or to exercise any other rights or powers of a member. The assignee shall merely be entitled to receive the share of profits and other distributions and the allocation of income, gain, loss deduction, credit or similar item to which the assigner was entitled, to the extent assigned.

Title: Managing Manaber Edmundo J Gugliotta PO BOX 581990 MIAMI, FL 33256-1990

Title: Managing Manaber Marzia Gugliotta PO BOX 581990 MIRMI, PL 33286-1990

#### ARTICLE V - Effective Date

The effective date for this Limited Liability Company shall be: 08/02/2010

REQUIRED SIGNATURE:

Signature of member of an authorized representative of a member

Typed or printed nume of signer

2010 AUG - 5 AM & SE SECRETARY OF STATE TATLAMASSEE FLORIDA

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415. Florida statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

## <u> ARTICLE III – REGISTER AGENT, REGISTERED OFFICE. & REGISTERED AGENT'S SIGNATURE</u>

The name and Florida Street address of the registered agent is:

EDMUNDO J GUGLIOTTA

14201 SW 82 CT. MIAMI, FL 33158

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company of 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.

IN WHITNESS WHEREOF, the undersigned subscriber(s) acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida, this 2nd day of August, 2010.

EDMUNDÓ JÓRGE GUGLLOTTA

Register Agent