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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
BAIRES ONE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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JUN - 3 2010

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TALLAHASSEE, FLORIDA

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BAIRES ONE, LLC

JUN -2 AM 11: 64

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NAME

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ARTICLE IV.
PURPOSE OF ORGANIZATION

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purposes permitted under Section 608.404 of the Florida Statutes 1993, as amended from time to time, and for any and all other applicable or governing laws of the State Of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

ARTICLE V.
MANAGEMENT

This Limited Liability Company shall be managed by one Managing Member and the name and address of the Managing Member is:

ANASTASIA SABRINA SANGUINETTI, 3301 Ponce De Leon Blvd., Third Floor, Coral Gables, FL 33134.

ARTICLE VI.
ADMISSION OF NEW MEMBERS

Unless otherwise herein specified, new Members shall be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the total existing ownership interest each Member has in the Limited Liability Company.

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE VII.

CONTINUATION AFTER INVOLUNTARY TERMINATION

In the event of termination of the Limited Company due to death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interest then remaining shall have to do so in writing.



**ANASTASIA SABRINA SANGUINETTI
MANAGING MEMBER**

2011 JUN -2 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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.

1. The name of the Limited Liability Company is:

BAIRES ONE, LLC

3301 Ponce De Leon Blvd., Third Floor

Coral Gables, FL 33134

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2. The name and address of the registered agent and office is:

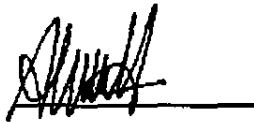
ANASTASIA SABRINA SANGUINETTI
Name

3301 Ponce De Leon Blvd., Third Floor
(P.O. Box or Mail Drop NOT acceptable)

Coral Gables, FL 33134
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



SIGNATURE

DATE: 06/01/2011

ANASTASIA SABRINA SANGUINETTI

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