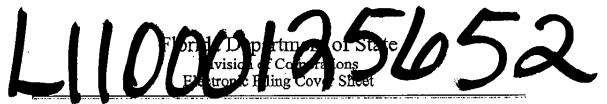
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVI

Account Number : I2000000146 Phone

: (305)444-4994

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

| Email | Address: | | | |
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| | | | | |

FLORIDA LIMITED LIABILITY CO. CYPRESS CREEK REAL ESTATE, LLC

| Certificate of Status | 0 | | |
|-----------------------|----------|--|--|
| Certified Copy | 1 | | |
| Page Count | 03 | | |
| Estimated Charge | \$155.00 | | |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION

<u>OF</u>

CYPRESS CREEK REAL ESTATE, LLC

ARTICLE 1

The name of the limited liability company is <u>CYPRESS CREEK REAL ESTATE</u>, <u>LLC.</u>

ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

c/o 255 Alhambra Circle Suite 500 Coral Gables, FL 33134

ARTICLE III

The purpose for which this Limited Liability Company is organized is any and all law business.

ARTICLE IV

The name and the Florida street address of the registered agent of the limited liability company is:

ARAGON REGISTERED AGENTS, INC. 255 Alhambra Circle

> Suite 500 Coral Gables, FL 33134

Having been named as the 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.

Date: 11/2/11

Registered Agent's Signature

11 NOV -3 AM 8: 0

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ARTICLE V

The name and address of each Manager or Managing Member is as follows:

| <u>Title</u> : | Name and Address: |
|----------------|---|
| Manager | Francisco Javier Rodriguez-Borgio c/o 255 Alhambra Circle Suite 500 Coral Gables, FL 33134 |
| Manager | Guillermo Larrea c/o 255 Alhambra Circle Suite 500 Coral Gables, FL 33134 |
| Manager | Alexis Juelle c/o 255 Alhambra Circle Suite 500 Coral Gables, FL 33134 |

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Authorized Signee:

FRANCISCO JAVIER RODRIGUEZ-BORGIO

GUILLERMO LARREA

ALEXAS JUELLE

TINOV-3 AN 8: 00
SECRETARY OF STATE