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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. IVPA INVESTMENTS, LLC

Certificate of Status	0
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T. HAMPTON

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EMPIRE CORP KIT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	ìs
IVPA INVESTMENTS, 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:
900 BISCAYNE BLVD.	900 BISCAYNE BLVD. SUITE 2310
MIAMI, FLORIDA 33132	MIAMI, FLORIDA 33132

(Must end with the words "Limited Linbility Company, "L.L.C.," or "LLC.")

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limbed Liability Company cannot serve as its lown Registered Agent. You must designate an individual or another business entity with an active Florida registeration.)

The name and the Florida street address of the registered agent are:

PAWED	A AMAYA
	Name
195 VIS	TA VERDI RD.
	Plorida atrest address (P.O. Box NOT acceptable)
DAVIE	_{FL} 33325
	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..

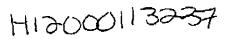
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE BIVISION OF CORPORATIONS

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGRM	IVETH YANEZ 900 BISCAYNE BLVD. SUITE 2310 MIAMI, FLORIDA 33132
	MIANI, FLORIDA 33132
MGRM	ANDREA YANEZ
	900 BISCAYNE BLVD. SUITE 2310
	MIAMI, FLORIDA 33132
<u> </u>	
(Use attachment if necessary)	
LE V: Effective date, if other	than the date of filing:

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(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. I am aware that any false information automitted in a document to the Department of State constitutes a third degree fellows as provided for in \$.817.155, F.S.)

IVETH YANEZ
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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