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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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****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.
JUGUETES, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE 1 - Name:

The name of the Limited Liability Company is: Juguetes, LLC.

ARTICLE II - Address:

Principal Office Address:

Two Alhambra Plaza, Suite 1040
Coral Gables, Florida 33134

Mailing Address:

Two Alhambra Plaza, Suite 1040
Coral Gables, Florida 33134

ARTICLE III - Registered Agent, Registered Office, and Registered Agent's Signature:

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

Thomas V. Eagan, Esq.
200 South Biscayne Boulevard
Suite 4100
Miami, Florida 33131

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

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

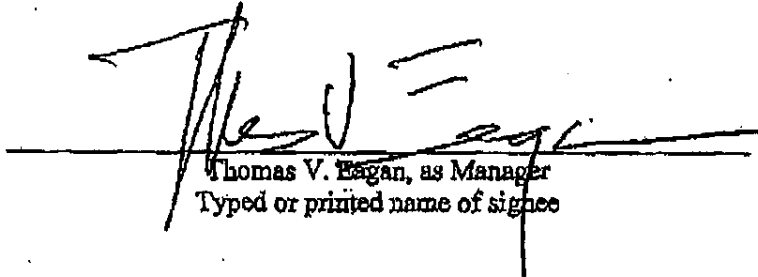
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
MGR	Thomas V. Eagan 200 South Biscayne Boulevard Suite 4100 Miami, Florida 33131

ARTICLE V - Effective Date:

The Articles of Organization shall be effective on the date of filing with the Division of Corporations.

SIGNATURE:


Thomas V. Eagan, as Manager
Typed or printed name of signee

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