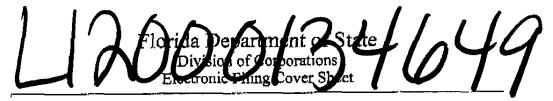
Division of Corporations



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Division of Corporations

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ACCOUNT Name : LAMONT NEIMAN & INTERIAN, F.A.

Account Number : I2000000051

Fax Number

Phone : (305)530-9400 : (305)530-9409

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

alidaovalles16@hotmail.com Email Address:_

FLORIDA LIMITED LIABILITY CO. ESPI 15591 SW 105 TERR UNIT 512, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ESPI 15591 SW 105 TERR UNIT 512, LLC

ARTICLE II- - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4707 SW 183rd Avenue Miramar, Florida 33029

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

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

Alida B. Espinoza 4707 SW 183rd Avenue Miramar, Florida 33029

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 608, F.S.

REGISTERED AGENT

ALIDA B. ESPINOZA

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ARTICLE IV- Management:

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager - managed company.

The initial managers for the company shall be:

Alida Espinoza B. Andres Espinoza Alidett Espinoza C.

(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.)

Alida B. Espinoza, Authorized representative

of Member

SECRETARY OF STATE