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To:

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Fax Number : (850)617-6383

From:

Account Name : LAMONT NEIMAN & INTERIAN, P.A.

Account Number : I20000000051 Phone : (305)530-9400 Fax Number : (305)530-9409

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

Email Address: jnsiman@lnilawfirm.com

FLORIDA LIMITED LIABILITY CO. DORAL ISLES 11232 62 TERR, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LAMONT NEIMAN

ARTICLE I - Name:

The name of the Limited Liability Company is:

DORAL ISLES 11232 62 TERR, LLC

ARTICLE II- - Address:

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

16445 Collins Ave., Unit WS-2B Sunny Isles Beach, Florida 33160

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

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

Lamont Neiman & Interian, P.A. 100 N. Biscayne Boulevard, Suite 801 Miami, Florida 33132

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

LAMONT NEIMAN & INTERIAN, P.A.

Robert S. Lamont, Esq.

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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:

Carlos Docal

Elizabeth Hurtado Ramirez

(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.)

Carlos Docal, Authorized representative

of Member