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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone

: (305)633-9696 Fax Number

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

| Email | Address: | | | | | |
|-------|----------|--|--|--|--|--|
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FLORIDA LIMITED LIABILITY CO. THE OFFICES AT PONCE, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$160.00 |

Electronic Filing Menu Corporate Filing Menu

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D. BRUCE

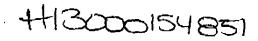
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EMPIRE CORP

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|----------------|
| SUBJECT: The Offices at Ponce, LLC | |
| Name of Limited Liability Company | |
| | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Fred E. Glickman, Esquire | |
| Name of Person | |
| Fred E. Glickman, P.A. | |
| Firm/Company | |
| 9200 S. Dadeland Boulevard, Suite 508 | |
| Address | |
| Miami, Florida 33156 | |
| City/State and Zip Code | |
| feglickmanpa@kwglawoffices.com | |
| E-mail address: (to be used for future annual report nodification) | |
| For further information concerning this matter, please call: | |
| Fred E. Glickman, Esquire at 305 670-0987 x-5 Name of Person Area Code & Daytime Telephone Number | ₹ > |
| Name of Person Area Code & Daytime Telephone Number | 73 |
| Must be a first the first of th | |
| Enclosed is a check for the following amount: | CALCON CARCOLL |
| \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, \$125.00 Filing Fee & Certificate of Status & Certificate of Status & Status | . |
| (udditional copy is enclosed) Certified Copy | |
| (udditional copy is enclosed) Certified Copy (additional copy is enclosed) | F COLUMN |
| Certificate of Status Certified Copy Certificate of Status & (udditional copy is enclosed) Certified Copy (additional copy is enclosed) Malling Address Street/Courier Address | |
| Registration Section Registration Section | |
| Division of Corporations Division of Corporations Division of Corporations | |
| P.O. Box 6327 Clifton Building Tallahasses, FL 32314 2661 Executive Center Circle | |
| Tallahassee, FL 32301 | |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Offices at Ponce, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:

c/o Fred E. Glickman, Esquire 9200 S. Dadeland Boulevard Sulte 508 Miami, Florida 33158 c/o Fred E. Glickman, Esquire 9200 S. Dadeland Boulevard Suite 508 Miami, Florida 33156

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

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

Fred E. Glickman, Esquire

Name

9200 S. Dadeland Boulevard, Suite 508

Florida street address (P.O. Box NOT acceptable)

Miami

FL 33156

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 samplete 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)

Page 1 of 2

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EMPIRE CORP

| | Name and Address: |
|--|---|
| "MGR" = Manager "MGRM" = Managing Member | |
| MGKIM — Managing Member | |
| MGRM | Yife Tien |
| | c/o Fred E. Glickman, Esquire 9200 South |
| | Dadeland Boulevard, Suite 508 Mlami, FL 33155 |
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| (Use attachment if necessary) | |
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| LE V: Effective date, if other tha | ust be specific and cannot be more than five business days prior |
| TLE V: Effective date, if other that ffective date is listed, the date medians after the date of filing.) REQUIRED SIGNATURE: | ust be specific and cannot be more than five business days prior |
| TLE V: Effective date, if other that ffective date is listed, the date medians after the date of filing.) REQUIRED SIGNATURE: Signature of a median content of the median cont | ust be specific and cannot be more than five business days prior |
| CLE V: Effective date, if other that flective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a median constitutes an affirmation I am aware that any false | ust be specific and cannot be more than five business days prior |
| ELE V: Effective date, if other that ffective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a median discourage with section constitutes an affirmation I am aware that any false constitutes a third degree | information submitted in a document to the Department of State |

Page 2 of 2

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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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