Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: LAMONT NEIMAN & INTERIAN,

Account Number : 12000000051

Phone Fax Number : (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.** Email Address: alidaovalles16@hotmail.com

FLORIDA LIMITED LIABILITY CO. **ESPI 2821 COCONUT AVE, LLC**

| Certificate of Status | 1 |
|-----------------------|----------|
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE [- Name:

The name of the Limited Liability Company is:

ESPI 2821 Coconut Ave, 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 UI

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 R. Espinoza

(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 repre

of Member