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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 : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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

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**FLORIDA LIMITED LIABILITY CO.
MIAMI HOT PROPERTIES, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF**

MIAMI HOT PROPERTIES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

MIAMI HOT PROPERTIES, LLC.

ARTICLE II - ADDRESS

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

**2840 SW 144 CT
MIAMI, FL. 33175**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

CARIDAD I. PAGAN

2840 SW 144 CT

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

MIAMI, FL. 33175

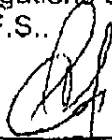
City, State, and Zip

**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

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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 605, F.S..

**REGISTERED AGENT'S SIGNATURE****ARTICLE IV- MANAGEMENT**

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

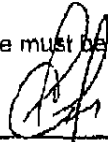
CARIDAD I. PAGAN
2840 SW 144 CT
MIAMI, FL. 33175

MANAGER

JOSE A. DE LA CRUZ
2840 SW 144 CT
MIAMI, FL. 33175

MANAGER

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CARIDAD I. PAGAN

Typed or printed name of signee

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