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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
LAS CRISTINAS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ALL AMESSEE, FLORIDA

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#2597 P.002/003
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAS CRISTINAS, 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:

1000 BRICKELL AVE STE 640

MIAMI, FL 33131

Mailing Address:

1000 BRICKELL AVE STE 640

MIAMI, FL 33131

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:

PABLO NAVARRO

Name

1000 BRICKELL AVE STE 640

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

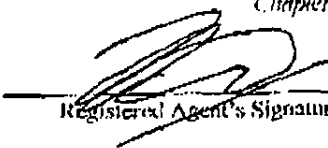
MIAMI

City

FL 33131

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 the 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 (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" - Authorized Member

"MGR" = Manager

AMBR

Name and Address:

PABLO NAVARRO

1000 BRICKELL AVE STE 640

MIAMI, FL 33131

AMBR

MORELLA MACHADO DE NAVARRO

1000 BRICKELL AVE STE 640

MIAMI, FL 33131

AMBR

PABLO E. NAVARRO MACHADO

1000 BRICKELL AVE STE 640

MIAMI, FL 33131

AMBR

ISABELLA NAVARRO MACHADO

1000 BRICKELL AVE STE 640

MIAMI, FL 33131

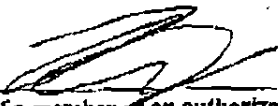
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

PABLO NAVARRO

Typed or printed name of signer

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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