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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : OSBORNE & OSBORNE, P.A.

Account Number : I20000000119 Phona : (561)395-1000 Fax Number : (561)368-6930

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子配付了了	Address:	

FLORIDA LIMITED LIABILITY CO. VERO RIDGE, L.L.C.

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ARTICLES OF ORGANIZATION FOR VERO RIDGE, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company Is:

VERO RIDGE, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1515 S. Federal Highway Sulte 106 Boca Raton, Florida 33432 Mailing Address:

1515 S. Federal Highway Suite 108 Boca Raton, Florida 33432

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

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

ROBERT I. MACLAREN II 1515 S. Federal Highway Suite 106 Boca Raton, Florida 33432

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, E.S.

ROBERT . MACLAREN Y

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ARTICLE IV -

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

STEPHANIE M. GUZMAN FERRES

ADDRESS 2098

20986 Concord Green Drive East

Boca Raton, FL 33433

ARTICLE V: Effective date is

DATE OF FILING WITH

THE DEPARTMENT OF STATE

ARTICLE VI:

The Limited Liability Company shall exist perpetually or until dissolved in a manner provided by law, or as provided in the Articles of Organization adopted by the Members. The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

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 administer 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.

Robert I. MacLaren II
Typed or printed name of signee

CRUARY DE LIAN

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