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#### COVER LETTER

TO: New Filing Section Division of Corporations  SUBJECT: SHUTAFI (M MH LL C 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:  TOMAS PASTORI  Name of Person  GARCIA - MCNOCAL IR IAS & PASTORI LLP Finn/Company  368 MINORCA ANE  CORAL GABLES FLORIDA 33134  City/State and Zip Code  TPASTORI (C G. MILA). COM FEMARY C GANLAN. COM E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  TOMAS PASTORI at (		•	
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Please return all correspondence concerning this matter to the following:  TOMAS PASTORI  Name of Person  GARCIA - MCNOCAL IR IAS & PASTORI LUP  Finn/Company  368 MINORCA ANE  Address  CORAL GABLES FLOZIDA 33194  City/State and Zip Code  TPASTORI @ GMILAW. COM   FEMARY @ GMILAW. COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  TOMAS PASIORI   at 305   400 9652  Name of Person   Area Code   Daytime Telephone Number  Enclused is a check for the following amount:  US125.00 Filing Fee   DS130.00 Filing Fee & Certificate of Status   Certificat	SUBJECT: SHUTAFIN 114 L	L C mited Liability Company	····
Name of Person  GARCIA - MCNOCAL IR IAS & PASTOR   LLP  Finn/Company  368 MINOR CA ANE  Address  CORAL GABLES FLORIDA 33134  City/State and Zip Code  TPASTOR   QGMICAN COM FEMALY PANILAN. COM  E-mail address: (to be used for future annual report notification)  Far further information concerning this matter, please call:  TOMAS PASTOR   at 305   400 9652  Name of Person   Area Code   Daytine Telephone Number  Enclused is a check for the following amount:    S125.00 Filing Fee   DS130.00 Filing Fee & Certified Copy (additional copy is enclosed)    Mailing Address   New Filing Section Division   Division of Corporations   P.O. Bax 6327   2415 N. Montroe Street, Suite 810	The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
GARCIA - MC NOCAL IRIAS & PASTORI CLP  Finn/Company  368 MINORCA ANE  Address  CORAL GABLES FLORIDA 33134  City/State and Zip Code  TPASTORI @ GMILAW. COM   FEMARY @ GMILAW. COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  TOMAS PASTORI   at ( 305 ) 400 9652  Name of Person   Area Code   Daytine Telephone Number  Enclosed is a check for the following amouni:  [S125.00 Filing Fee   S130.00 Filing Fee & Certificate of Status   Certificate of Status   Certificate Opy (additional copy is enclosed)  Mailing Address   New Filing Section   New Filing Section Division of Corporations   New Filing Section Division of Corporations   P.O. Box 6327   2415 N. Montroe Street, Suite 810	Please return all correspondence concerning this m	atter to the following:	
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□S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S100.00 Filing Fee, Certificate of Status & Certificate Oppy (additional copy is enclosed)    Mailing Address   Street Address   New Filing Section   New Filing Section Division   Division of Corporations   The Centre of Tallahassee   P.O. Box 6327   2415 N. Monroe Street, Suite 810	Name of Person A	rea Code Daytime Telephoni	e Number
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New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810		Certified Copy	Certificate of Status & Certified Copy
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#### ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SHUTAFIM 114

(Must contain 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:

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:

GARCIA-MENDONC IRIAS &

36 MINOZ CA NE.
Florida street address (P.O. Box NOT acceptable)

COPAL GABLES, FL 33134

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 (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" ≃ Au	thorized Member	Name	and Address:			
"MGR" = Man	ager					
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