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**FLORIDA LIMITED LIABILITY CO.
BOCAS HOUSE HIALEAH LLC**

Certificate of Status	1
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2ND REQUEST

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

Bocas House Hialeah Llc

ARTICLE II - Address:

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

Principal Address:

**445 Hialeah Drive
Hialeah Fl 33010**

Mailing Address:

**3785 Nw 82 Ave
Suite 217
Miami FL 33166**

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

Fielstone, Ronald R, Esq.

200 S. Biscayne BLVD

C/O Saul Ewing Arnstein & LEHR LLP

Suite 3600

Miami FL 33131

ARTICLE IV-

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

Title MGR

Bocas Management Group Corp

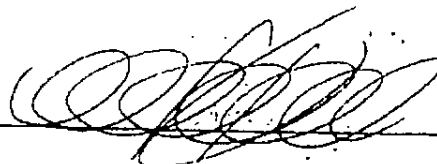
550 Biltmore Way

Suite 200

Coral Gables Fl 33134

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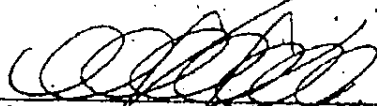
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Required Signatures:**Signature of a member or an authorized representative of a member.**

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.

Typed or printed name of signee

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)**FILED**

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CLERK OF THE COURT
STATE OF FLORIDA