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 Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
 IBERICA GROUP LLC**

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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.")*

IBERICA GROUP LLC

ARTICLE II - Address:

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

10835 NW 17TH ST UNIT 102 MIAMI, FL 33172

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.)*

JAIME ALBERTO FIGUEIREDO GOMES

1359 VICTORIA ISLE DRIVE WESTON FL 33327

ARTICLE IV-

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

SPM PRODUCTIONS LLC 10835 NW 17TH ST UNIT 102 MIAMI, FL 33172 MANAGER

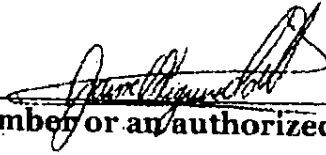
IJ HOSPITALITY INVESTMENT LLC 1359 VICTORIA ISLE DR WESTON, FL MANAGER

INVESTMENTS VG SOUSA LLC 11265 NW 44TH TER DORAL, FL 33178 MANAGER

YJDN INVESTMENT LLC 8910 NW 99TH CT DORAL, FL 33178 MANAGER

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Required Signatures:



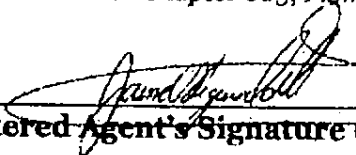
Signature of a member or an authorized representative of a member.

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.

JAIME ALBERTO FIGUEIREDO GOMES

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)

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