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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. OCEANIC HEIGHTS PROPERTIES, LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OCPANIC HEIGHTS PROPERTIES, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
127 GRAND AVENUE
Conn GAS/es, FL 33133
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.)
CARLOS AlBerto Jimenez Pr
127 GRAND AVENUE ARE E
(00N) Caller =1 22127 E 5 1
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
CANOS AIBENTO JIMENEZ AMBR

Required Signatures:

Signature of a member of 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.

ARIOS AIBERTO JIMENEZ

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)

SECRETAIN OF STATE