CAPITAL CONNECTION, INC. Virginia St., Suite 1, Tallahassee, Fl. 32301, (904)2248870 Tallahassee, Fl. 32302 The Pain Ciana Land Investments 417 F. Virginia St., Suite 1, Tallahassee, Fl. 32301; (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1 800 342 8062 FAX (904) 222-1222 C.C. FEE. DISBURSE Enplial Expresgでしている。 Art. of Inc. File _____03/21/27=-011011--018 Art. of Inc. File _ NAME _____ Corp. Record Search ****430.00 ****337.50 FIRM _____ Ltd. Partnership File _ ADDRESS _____ Foreign Corp. File () Cerl. Copy(s) _ PHONE (Att. of Amond. File Dissolution/Withdrawat CUS. _ Regular_ Service: Top Priority_ Ficilitious Name File One Day Service Two Day Service Name Reservation To us via ______ Return via Annual Report/Reinstatement Reg. Agent Service Malter No.: _____ Express Mall No. _____ Document Filing State Fee \$ _____ Our \$ _ Corporate KII Volitcle Search Dilving Mecord Document Notileval UCC For 3 File UCC 11 Sourch UCC 11 Retrieval __ File No.'s, ____Copies 297 14205 W-5273 Courler Service Shipping/Handling Phone () Top Priority Express Mall Prep. _FΛX(} pgs. SUBTOTALS _ ree..... DISBURSED..... SUNCHANGE..... TAX on corporate supplies...... SUBTOTAL REQUEST CONFIRMED APPROVED PREPAID..... TIME BALANCE DUE..... CK No. BY

WALK-IN Will Pick Up <u>D</u>

11-2519 7 POHOERS INC., THOMASVELE, OA.

Please result invoice number with payment TERMS; NET to DAYS FROM INVOICE DATE

1 1/2% per month on Past Due Amounts

Past 30 Days, 10% per Annum.

THANK YOU

from

Your Capital Counes



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 6, 1997

CAP CONN

TALL, FL 32301

SUBJECT: POINCIANA LAND INVESTMENTS, L.L.C.

Ref. Number: W97000005273



We have received your document for POINCIANA LAND INVESTMENTS, L.L.C. and your check(s) totaling \$367.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the limited liability company will be managed by a manager or managers, a statement to that effect is required as well as the names and street addresses of such managers who are to serve as managers; or if the management is reserved to the members, a statement to that effect is required as well as the names and street addresses of the managing members.

An affidavit is required pursuant to section 608.407(2), Florida Statutes, declaring the following: (1) the limited liability company has at least two members; (2) the actual amount of cash contributions; (3) the agreed value of any property other than cash contributed; and (4) the total amount of cash or property anticipated to be contributed by the members.

Section 608.407, Florida Statutes, requires the affidavit be excuted by as least one member or the authorized representative of a member.

The specific purpose of the entity must be set forth in the articles of organization.

The articles of organization must state the period of duration, which may be perpetual.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call producted (904) 487-6904.

Freida Chesser Corporate Specialist

Letter Number: 297A00011543

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Poinciana Land Investments, L.C.

ARTICLE II - Address:

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

Poinciana Land Investments, L.C.

c/o Mark D. Cohen, Esq. 4000 Hollywood Blvd., Ste 485 Sp.

Hollywood, FL 33021
ARTICLE III - Duration: The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management: (check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Mark D. Cohen, Esq. Mark D. Cohen, P.A. 4000 Hollywood Blvd., Ste 485 So. Hollywood, FL 33021

Gonzalo R. Lage 3750 W 16th Avenue, Ste 126U Hialeah, FL 33012

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _	97 MAR 20 TALLAHAS
Poinciana Land Investments, L.C.	PH says: deposed says: deposed says:
1) the above named limited liability company has at least two members	\$ 5,000.00
 the total amount of cash contributed by the member(s) is if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto. 	
4) the amount of cash or property anticipated to be contributed by member(s) is	\$ 50,000.00
5) the total amount of 2, 3, and 4 is	\$55,000.00

Signature of Leisuber of settlement representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this killdsvit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:	TALLU	97 MAR	
	Poinciana Land Investments, L.C.	王.	R 2	T
2.	The name and address of the registered agent and office is:	SSEE, FL	0 PH 1:	ED
	Mark D. Cohen, Esq., Mark D. Cohen, P.A.	FLORID	: 55	
	(Name)			
	4000 Hollywood Blvd., Ste 485 So. (P.O. Box or Mail Drop Box NOT ACCEPTABLE)			
	H011ywood, FL 33021			
	(City/State/Zip)	•		

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.

3/6/97 (Date)

Filing Fee: \$ 35 for Designation of Registered Agent