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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT

PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: COCONUT GROVE OFFICE LIMITED LIABILITY COMPA

AUDIT NUMBER.....H97000004747

DOC TYPE.....LIMITED LIABILITY COMPANY

CERT. OF STATUS..0

PAGES..... 4

CERT. COPIES.....1

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ARTICLES OF ORGANIZATION FOR COCONUT GROVE OFFICE
LIMITED LIABILITY COMPANY

ARTICLE I. NAME

The name of the Limited Liability Company is: Coconut Grove Office Limited Liability Company

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 601 Brickell Key Drive, Suite E, Miami, Florida 33131.

ARTICLE III. DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV. MANAGEMENT

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

Eduardo Avila
601 Brickell Key Drive, Suite E
Miami, FL 33131

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

This Instrument Prepared By:
Rodriguez Lopez-Garcia
Jorge L. Lopez-Garcia, Esq.
Fl. Bar No. 0861685
777 Brickell Avenue
Suite 950
Miami, FLorida 33131

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Coconut Grove Office Limited Liability Company deposes and says:

- 1) the above named limited liability company has at least two (2) member(s).
- 2) the total amount of cash contributed by the member(s) is \$ 6200,000⁰⁰
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 6200,000⁰⁰. This total includes amounts from 2 and 3 above.


Signature of a member or authorized representative of a member.
(In accordance with section 609.408(1), Florida Statute, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated are true.)

STATE OF FLORIDA)
COUNTY OF DADE)

I hereby certify that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared EDUARDO AVILA, identified by PERSONALLY KNOWN to be the person described in and who executed the foregoing instrument and who acknowledged before me that he/she executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 19 day of MAR., 1997.

My Commission Expires

Nilsa M. de la Hoz
Notary Public, State of Florida

Notary Name: NILSA M. de la Hoz



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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OF 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: *Coconut Grove Office Limited Liability.*
2. The name and address of the registered agent and office is:

Jorge L. Lopez-Garcia, Esq.
(Name)

777 Brickell Avenue, Suite 950.
(P.O.Box not acceptable)

Miami, Florida 33131
(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 performances of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jorge L. Lopez-Garcia, Esq.

3/19/97
(Date)

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