Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

OFFLEX PROPERTIES, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
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22

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OFFLEX PROPERTIES, L.L.C.

ARTICLE II - Address:

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

2911 ORAND AVENUE, SUITE HA MIAMI, FLORIDA 33133

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

50 YEARS

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

SECRETARY OF STA

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:

The EABLETON KATHE COMPANY 2911 Grand Avenue, Suite 4A Miami, Pl 33133

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Prepared By: LINCOLN LOPEZ CPA 2911 Grand Ave. Suite No. 4A

Miami, Florida 33133 Phone#(305)-476-9350

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ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

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ARTICLE VII - Affidavit of Membership and Contributions	AM 10:	OF STATE
The undersigned member or authorized representative of a member of	29	<u> </u>
and the same of th	tifies:	Ů.
1) the above named limited liability company has at least one member; 2) the total amount of cash contributed by the member(s) is	s <u> 1,00-0</u>	;
(A description of the property is attached and made a part hereto.); and	s - 0 -	;
4) the total amount of cash and property contributed and anticipated to be contributed by member(8) is	\$ 1,000	

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

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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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: OFF/EX PROPERTIES,		
2. The name and the Florida street address of the registered agent are: Lincoln hopez & PA NAME	99 APR 22 AM 10: 29	SECRETARY OF STATE DIVISION OF CORPORATIONS

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.

Filing Fee: \$ 35 for Designation of Registered Agent