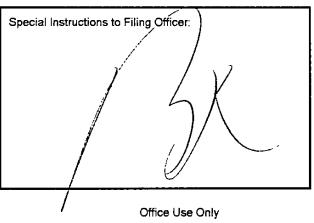
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(Business Entity Name)						
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Certified Copies		Certificate	s of Status _			





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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL' 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT: RICKY SOTO** DATE: 08/18/2006 **REF. #:** 001448.56315 CORP. NAME: SU CASA Y MAS, L.L.C. () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 518191 FOR \$ 125.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

() CERTIFICATE OF GOOD STANDING

COST LIMIT: \$____

(XX) PLAIN STAMPED COPY

Examiner's Initials

() CERTIFICATE OF STATUS

PLEASE RETURN:

() CERTIFIED COPY



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited	Liabi	lity Company)
Massachusetts	2 2	0-2160795
Jurisdiction under the law of which foreign limited liability ompany is organized)	<i>J</i>	(FEI number, if applicable)
1/14/2005	5 P	Perpetual
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
Upon Registration		
(Date first transacted business in F (See sections 608.501 & 608.502 F.	lorida S. to d	, if prior to registration.) etermine penalty liability)
111 Everett Avenue, Suite 2D, Chelsea, MA 02150		
(Street Addres	s of Pr	incipal Office)
If limited liability company is a manager-manage	d con	npany check here
The name and usual business addresses of the ma	nagin	g members or managers are as follows:
Diego Osorno, Member, 111 Everett Avenue, Suite 2	D, Ch	elsea, MA 02150
Mauricio Osorno, Member, 111 Everett Avenue, Suite	e 2D, ∙	Chelsea, MA 02150
Ricardo Villamil, Member, 111 Everett Avenue, Suite	2D C	holose MA 00450
Treated Vinding, Weitber, 111 Everett Avertue, Suite	<u> 20, C</u>	Heisea, MA 02150
Attached is an original certificate of existence, no more than 90) days (old, duly authenticated by the official having custody of recor
e jurisdiction under the law of which it is organized. (A photoconslation of the certificate under eath of the translator must be sub-	py is n mitter	ot acceptable. If the certificate is in a foreign language, a
. Nature of business or purposes to be conducted of	or pro	moted in Florida:
Mortgage Services		
MO		
		ized representative of a member.
(In accordance with section 608.408(3), an affirmation under the penalties of per	F.S., the	e execution of this document constitutes at the facts stated herein are true.)
Diego Osorno, Member	- • "	•
Typed or printe	الـ	C ·

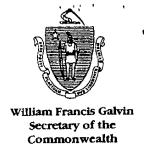
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

I. The name	e of the Limited Liability	Company is:	
Su Casa Y M	Mas, LLC		
2. The name	e and the Florida street ac	dress of the registered agent and office ar	e:
	NRAI Services, Inc.		
		(Name)	
	2731 Executive Park I		
	Florida Str	reet Address (P.O. Box NOT ACCEPTABLE)	
	Weston	FL 33331	
		City/State/Zip	
liability compagent and agrelating to the obligations of NRAL Service	pany at the place designat tree to act in this capacity. te proper and complete pe of my position as registered	nt and to accept service of process for the ab ted in this certificate, I hereby accept the ap, I further agree to comply with the provision rformance of my duties, and I am familiar w d agent as provided for in Chapter 608, Flo	pointment as registere ons of all statutes vith and accept the

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)



The Commonwealth of Massachusetts

Secretary of the Commonwealth State Kouse, Boston, Massachusetts 02133

August 16, 2006

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

SU CASA Y MAS, LLC

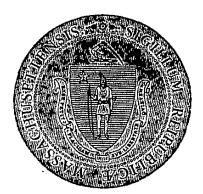
in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 14, 2005.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: RICARDO VILLAMIL, DIEGO OSORNO, MAURICIO OSORNO

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: RICARDO VILLAMIL, DIEGO OSORNO, MAURICIO OSORNO

The names of all persons authorized to act with respect to real property listed in the most recent filing are: RICARDO VILLAMIL, DIEGO OSORNO, MAURICIO OSORNO



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

William Travin Galein

on the date first above written.

Secretary of the Commonwealth

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