

OCT/30/2012 /TUE 10:21 AM
Division of Corporations

P12000091360

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : MURAI, WALD, BIONDO, MORENO, P.A.
Account Number : 076150002103
Phone : (305) 444-0101
Fax Number : (305) 444-0174

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

Email Address: DGALDO@MWBH.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
EDEN ROC CORPORATION**

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE
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12 OCT 30 AM 9:27

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10/31/12

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P. 002

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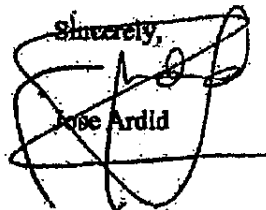
October 23, 2012

State of Florida
Division of Corporations
New Filing Section

Re: Eden Roc Corporation

Ladies and Gentlemen:

I am the President of Eden Roc LLC. As such, I give you permission to accept the organization of a new corporation under the name of Eden Roc Corporation, which will become an affiliate of Eden Roc LLC. I represent to you that I have the authority to grant such permission.

Sincerely,

Jose Ardido

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Eden Roc, LLC 848 Brickell Avenue, Suite 700 Miami, Florida 33131 Tel. (305) 377-1001 Fax: (305) 377-4113

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FAX No.

P. 003

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME EDEN ROC CORPORATION
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
848 Brickell Avenue, Suite 700
Miami, Florida 33131

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Legal Purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Murai Wald Biondo & Moreno, P.A.
Address: 1200 Ponce de Leon Boulevard
Coral Gables, Florida 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Murai Wald Biondo & Moreno, P.A.
Address: 1200 Ponce de Leon Boulevard
Coral Gables, Florida 33134

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Rene V. Murai Required Signature/Registered Agent

10/23/12

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.


Rene V. Murai Required Signature/Incorporator

10/23/12

Date

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