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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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**LIMITED LIABILITY COMPANY
DADELAND BREEZES PARTNERS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

DADELAND BREEZES PARTNERS, LLC

ARTICLE II - ADDRESS:

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

**4535 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33146**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent is:

**CARLOS E. PADRON
VILA, PADRON & DIAZ, P.A.
2 ALHAMBRA PLAZA
Suite 860
Coral Gables, Florida 33134
Telephone: (305) 461-4888
Facsimile: (305) 461-0261**

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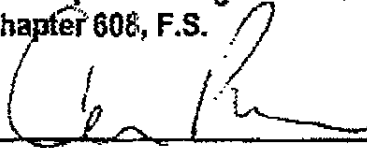
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DADELAND BREEZES PARTNERS, LLC
Articles of Organization
Page Two

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 as provided for in Chapter 608, F.S.



CARLOS E. PADRON
REGISTERED AGENT

2/19/04
DATE



HARVEY HERNANDEZ
MANAGER

2/19/04
DATE

STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

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