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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

5/9/06

FLORIDA/FOREIGN LIMITED LIABILITY CO
MESTRE INVESTMENTS, LLC

06 MAY -9 AM 11:33 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 06 MAY -9 AM 11:35
DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mestre Investments, LLC

ARTICLE II - Address:

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

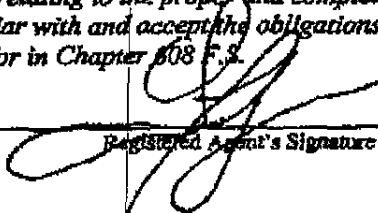
149 Bel Aire Drive South
Pembroke Pines, FL 33027

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida Street address of the registered agent are:

Frank Mestre	Name
149 Bel Aire Drive South	Florida street address (P.O. Box NOT acceptable)
Pembroke Pines, FL 33027	City, State, and 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 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.


Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV - MANAGEMENT (Check box if applicable.)

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



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

(In accordance with section 605.408(7), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated here in are true.)

Frank Mestre

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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