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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

LIMITED LIABILITY COMPANY
FLORIDA BUSINESS APPRAISERS LLC

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

RECEIVED
02 DEC -4 AM 7:49
DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Florida Business Appraisers LLC

ARTICLE II - Address:

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

20173 NW 9 DRIVE PEMBROKE PINES FL 33029

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

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

CARLOS GARCIA-CARRANZA PSTD
Name

20173 NW 9TH DRIVE
Florida street address (P.O. Box NOT acceptable)

PEMBROKE PINES FL 33029
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.

[Signature]
Registered Agent's Signature

GUY SANCHEZ JR.

7640 W 29th AVE #101
MIAMI 33018
FLA

Article IV - Management (Check box if applicable.)

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

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

Charles Garcia Carranza PSY.D.

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

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CHARLES GARCIA - CARRANZA PSY.D.

Typed or printed name of signer

FILED
DEC - 3 11 09
CLERK OF THE COURT
TALLAHASSEE, FLORIDA