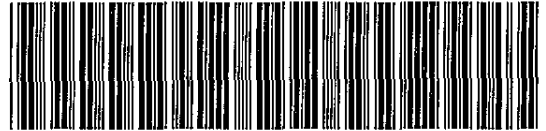


W03000010039

FILED

03 MAR 20 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



700014308377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

03/20/03--01025--015    \*\*125.00

Special Instructions to Filing Officer:

Office Use Only

AL

RECEIVED  
03 MAR 20 AM 10:44  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Charter Number Only

FILED

03 MAR 20 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VALIDATION ONLY

Donkley & Associates

Requestor's Name

117 Ponce de Leon Blvd # 310

Address

Coral Gables, FL 33134

City

State

ZIP

Phone

CORPORATION(S) NAME

Dr Noda, LLC

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other LLC
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Empire Toll Free: 1-800-432-3028

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

FILED

03 MAR 20 PM 2: 04

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DR NODA, LLC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

4235 N.W. 112 CRT.  
MIAMI, FL. 33178

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

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

Lindsay Dunkley

Name

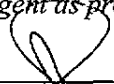
4235 N.W. 112 CRT.

Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33178

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

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

Daniel Rodriguez

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

(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.)

Daniel Rodriguez

Typed or printed name of signee.

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)