

L13000172309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

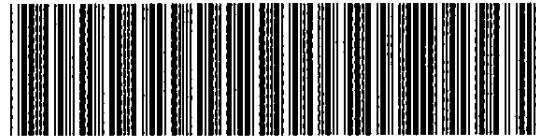
(Business Entity Name)

(Document Number)

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

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2013 DEC 12 AM 11:21  
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FILED  
13 DEC 12 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DECEMBER 13 2013



1000 Ponce de Leon Blvd. Suite: 105  
Coral Gables, FL 33134  
Phone: 305-444-4994  
Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Jordan Ricardo & Company, P.L.  
(CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: \_\_\_\_\_

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

**ARTICLES OF ORGANIZATION**  
**OF**  
**JORDAN RICARDO & COMPANY, P.L.**

**ARTICLE I**

The name of this professional Limited Liability Company is **JORDAN RICARDO & COMPANY, P.L.**

**ARTICLE II**

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

255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

**ARTICLE III**

The purpose for which this professional Limited Liability Company is organized is to provide public accounting and consulting services in the State of Florida.

**ARTICLE IV**

The name and the Florida street address of the registered agent of the professional Limited Liability Company is:

Arturo Jordan  
255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

*Having been named as the 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.*

Date: 12/10/13

  
Registered Agent's Signature

**ARTICLE V**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

Manager

Arturo Jordan  
255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

Manager

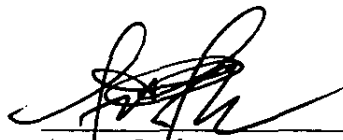
Edwin Ricardo  
255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

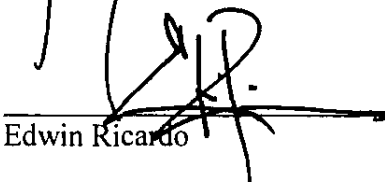
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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE VI**

The effective date of this professional Limited Liability Company will be January 1, 2014.

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.

  
\_\_\_\_\_  
Arturo Jordan

  
\_\_\_\_\_  
Edwin Ricardo