

L 14 000 124 329  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000186937 3)))



H140001869373ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (786)409-5946

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
PINA & ASSOCIATES, LLC

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

RECEIVED  
14 AUG -7 PM 4:41  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA  
14 AUG -7 AM 9:16

FILED

7883

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten initials and date: LPA 8/10/14

3

H14000186937

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

**ARTICLE I**

The Name of the Limited Liability Company shall be:

**PINA & ASSOCIATES, LLC**

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

**ARTICLE III**

The mailing address and street address of the principal office of the limited liability company is: 4000 PONCE DE LEON BLVD., STE # 470, CORAL GABLES, FL 33146

**ARTICLE IV**

The name of the Authorized Member shall be:

**OSCAR PINA  
4000 PONCE DE LEON BLVD., STE # 470  
CORAL GABLES, FL 33146**

FILED  
14 AUG - 7 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V**

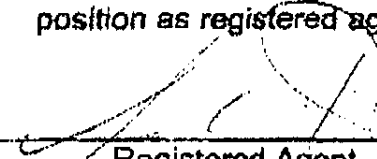
The name and Florida street address of the registered agent shall be:


**OSCAR PINA  
4000 PONCE DE LEON BLVD., STE # 470  
CORAL GABLES, FL 33146**

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

PINA & Associates, LLC  
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

X   
\_\_\_\_\_  
Registered Agent

X   
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.020<sup>(b)</sup> Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Oscar Pina  
Typed or printed name of signee

FILED  
14 AUG -7 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA