Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. CIOLA & ASSOCIATES P & C, LLC.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
CIOLA & ASSOCIATES P & C, LI	LC
(Must end with the wor	ds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2030 DOUGLAS RD STE 212 CORAL GABLES, FL 33134	2030 DOUGLAS RD STE 212 CORAL GABLES, EL 33134
	red Office, & Registered Ageat's Signature: e as its own Registered Agent. You must designate an individual or
The name and the Florida street address of the	e registered agent are:
CLAUDE MAURIC	E CIOLA.
	Name
2030 DOUGLAS R	
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)
CORAL GABLES	FL 33134
Cit	y Zip
Having been named as registered agent and to accept	survice of process for the above stated limited liability company at

Earing been named as registered agant and to accept survice of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the probletons of all statutes relating to the proper and concepts performance of my daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S.

Agent's Signature (AEQUIRED)

(CONTINUED)

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SECRETARIES FE. FLORIDA

CLE VI: Other provisions, if any.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or te of filing.) CLE VI: Other provisions, if any. EQUITED SIGNATURE: Signature of a member of an authorized representative of a member. (In secondance with section 605,0203 (1) (8), Florida Signing, the terror stated increases a signature of a member of the penalties of perjury that the terror stated increases a constitute as a first date information substituted in a destiturnt to the Department of State constitutes a first degree felory is provided for in s.817.155, F.S.) CLAUDE MARRICE CIOLA	"MGR" = Manager	CLAUDE MALIDICE CICLA
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or te of filing.) CLE VI: Other provisions, if any. EOUTRED STGNATURE: Signature of a member or an authorized representative of a member. (In secondance with section (30, 1203 (1) %), Florida Stances, the execution of this document constitutes are affirmation under the penalties of perjury that the facts stated herein are true. I am avaire that any falls information substituted in a destitute to the Department of State constitutes a fairth degree belong as provided for in a 817.155, F.S.) CLAUDE MASSRICE CIOLA	AMOK	2030 DOLIGIAS BD STE 242
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SECRETARY OF STATE
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