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Division of Corporations

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DEnter 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. RODRIGUEZ & ASOCIADOS, LLC

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name;                            |    |
|--|----|
| The name of the Limited Liability Company is | is |

| Rodriguez & Asociados, LLC  |  |  |
|---|--|--|
| (Must end with the words "Limited Liability Comp  | eny, "L.L.C.," or "LLC.")                                    | 30 0 1 1   |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limi  | ited Liability Company is:                                   | The state of the s |
| Principal Office Address:   | Mailing Address:   | 1000 15  |
| 255 Alhambra Circle, Suite 700<br>Coral Gables, Florida 33134   |  |  |
| ARTICLE III - Registered Agent, Registered Office, & Registered A (The Limited Liability Company cannot serve as its own Registered Agenother business entity with an active Florida registration.) | gent's Signature:<br>nt. You must designate an individual or | ×.,  |

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

Peter J. Yanowitch

Name

235 Alhambra Circle, Suite 700

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

Coral Gubles Florida 33134

City State Zip

Flaving been named as registered agent and to accept service of process for the above stated limited tiability 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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

9696889908 81:91 9102/81/90

COKP USA

| Title: "AMBR" = Authorized Member  | Name and Address:  Claudio Rodriguez  255 Albambra Circle, Suite 700  Coral Gables, Florida 33134  Carlos Rodriguez  255 Albambra Circle, Suite 700  Coral Gables, Florida 33134  |
|--|---|
| "MGR" = Manager  |   |
| Manager  | Claudio Rodriguez   |
|  | 255 Alhambra Circle, Suite 700  |
|  | Coral Gables, Florida 33134   |
| Manager  | Carlos Rodriguez  |
| 1774102-01   | 255 Albambra Cirola, Suite 700  |
|  | Coral Gables, Florida 33134   |
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| EV: Effective date, if other than the dat<br>ective date is listed, the date must be sp<br>of filing.)   | secific and cannot be more than five business days prior to or 90 days after<br>meet the applicable statutory filing requirements, this date will not be listed :   |
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