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FLORIDA LIMITED LIABILITY (	CO.
ADRIAN ACOSTA PLLC	

Certificate of Status	1
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Adrian Acosta PLLC	
ARTICLE The mailing Company is	II - Address: g address and street address of the principal office of the Limited Lis: s:	ability
	Miani Fl 33146	
The name:	III - Registered Agent. Registered Office: and the Florida street address of the registered agent are: (The Limited not serve as its own Registered Agent. You must designate an individual or another busin Florida registration.)	Liability ess entity
-	Adrian Acosta Esq	-
_	38015 Le teine Rd	,
_	MiaHi F1 33146	
ARTICLE The name a Liability Co	and title of each person authorized to manage and control the Limit	ed 2
	Adrian Acosta (AMBR)	OIT MAR
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ticle v	Purpose: Law Practice	<u> </u>
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Required Signatures:

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

In accordance with section 605,0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

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 605, F.S..

Registered Agent's Signature (REQUIRED)