

LO1000003734

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

850-222-2785

City/St/Zip

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- PRAXIS, LLC

L-1-3734

2- _____

3- _____

400003830594--8

03/12/01-01087-005

***160.00 ***160.00

4- _____

Walk-in

Pick-up time ASAP

Certified Copy

Mail-out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
Profit	
Non-Profit	
<input checked="" type="checkbox"/> Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

3/12/2001

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2001 MAR 12 AM 11:37

01 MAR 12 PM 12:22

Examiner's Initials

ZP

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
PRAXIS LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1440 J.F. Kennedy Cswy, Suite 207, North Bay Village, FL 33141

ARTICLE III - Registered Agent, Register Office, & Registered Agent's Signature:

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

Peter B. Cagle

Name

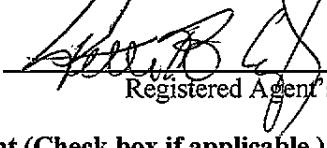
6701 Sunset Drive, Suite 103

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

South Miami, FL 33143

City, State, and Zip

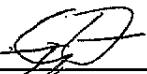
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S..



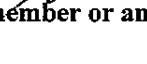
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.



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



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

(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.)

Hector Brito

Typed or printed name of signee

Typed or printed name of signee

01 MAR 12 PM12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED