

Division of Corporations

Page 1 of 2

**L0/000008072**

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

## 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.**

(((H01000067788 9)))

**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) 205-0383

## From:

Account Name : WESLEY M. ROBINSON, PROFESSIONAL ASSOCIATION  
Account Number : 075512003036  
Phone : (305) 377-3352  
Fax Number : (305) 377-1422

**LIMITED LIABILITY COMPANY**

Comunica1a1, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 01       |
| Estimated Charge      | \$155.00 |

SECRET OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 21 AM 9:55

FILED

AL

SECRET OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 22 AM 7:22

RECEIVED

H01000067788 9

**ARTICLES OF ORGANIZATION  
OF  
COMUNICA1A1, LLC**

**ARTICLE I- NAME**

The name of this Limited Liability Company ("Company") shall be:

**Comunica1a1, LLC**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is c/o Raquel Perlman, 2000 Island Boulevard, Apt. 801, Aventura, FL 33160.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and Florida street address of the initial registered agent of the Company is:

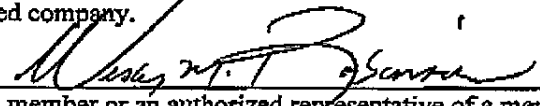
Wesley M. Robinson, Esq.  
501 Brickell Key Drive, Suite 504  
Miami, FL 33131

*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 obligation of my position as registered agent as provided for in Chapter 608, F. S.*

  
Wesley M. Robinson, Esq.

**ARTICLE IV - MANAGEMENT**

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

  
Signature of a member or an authorized representative of a member.  
Printed Name: Wesley M. Robinson, Esq.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILED  
01 MAY 21 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA