

L0100001909

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 DEVELOPMENT, LLC

2-

3-

4-

Walk-in

Pick-up time ASAP

Certified Copy

Mail-out

Will wait

Photocopy

Certificate of Status

NEW FILINGS

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

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2001 JUL 19 PM 2:36

01 JUL 19 PM 3:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVAL
AND
FILED

TO AVOID DELAY
SUFFICIENCY OF FILING

700004486717--7
-07/20/01--01001--004
****320.00 ****160.00

Examiner's Initials UB
7-19-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
PRAXIS DEVELOPMENT LLC

ARTICLE II - Address:

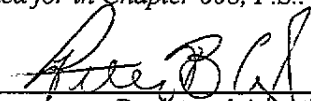
The mailing address and street address of the principal office of the Limited Liability Company is:
490 Opa Locka Blvd., OpaLocka, FL 33054

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 112
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.)

Tomas Sinisterra
Typed or printed name of signee

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED