

L01000017320

12371 SW 39th Ter
Miami, FL 33175
September 17, 2001

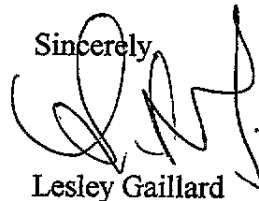
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314
(850) 245-6051

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***160.00 ***160.00

Dear Gentlemen:

I Lesley Gaillard resides at 12371 SW 39th Ter, Miami, FL 33175 have submitted the documents to form the limited Liability company. My daytime telephone numbers are. Mobile (786) 412-1273, work (304) 969-2344.

Sincerely,



Lesley Gaillard

FILED
01 OCT -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CONRICA LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

12371 SW 39 th Ter, Miami, FL 33175

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

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

Lesley Gaillard

Name

12371 SW 39th Ter

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

Miami FL 33175

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 therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

Lesley Gaillard

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -5 PM 5:00

FILED