

**W04000023232**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

**INTER FLORIDA SERVICES, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**OF**

**INTER FLORIDA SERVICES, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**INTER FLORIDA SERVICES, LLC.**

**ARTICLE II - ADDRESS**

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

**2160 PARK AVE APT # 7  
MIAMI BEACH, FL. 33139**

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

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

**ROBERT J. THAIS**

Name

**2160 PARK AVE # 7**

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

**MIAMI BEACH, FL. 33139**

City, State, and Zip

*Bering & Giraldo, P.A.  
4080 SW 82 Av. Ste. C  
Miami FL 33155*

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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**

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

**ROBERT J. THAIS**  
2160 PARK AVE APT # 7  
MIAMI BEACH, FL. 33139

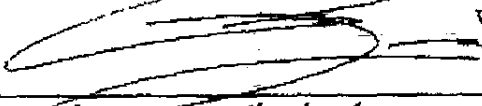
**MANAGER**

**CHRISTIAN A. ESPINOZA**  
2160 PARK AVE APT # 7  
MIAMI BEACH, FL. 33139

**MANAGER**

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MAR 25 PM 2:01  
SECRETARY OF STATE  
ALAHASSEE FLORIDA

(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.)

**ROBERT J. THAIS**  
Typed or printed name of signee

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