

Jul 27 04 01:17p

ECF

305-444-4977

P.1

Division of Corporations

W4000055616

Florida Department of State
Division of Corporations
Public Access System

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.

((H04000154629 3)))

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

RECEIVED

04 JUL 27 PM 1:56

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

CODERS AND ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 27 PM 9:18

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

W4-55616
CJ
7/27/2004

(((H04000154629)))

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Zoe Garcia
1000 Ponce de Leon Blvd - 328
CORAL GABLES, FL 33134

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is required.

REQUIRED SIGNATURE:

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

(In accordance with section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Zoe Garcia
Typed or printed name of signer

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

04 JUL 27 PM 9:18

FILED

.###(H04000154629)))

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Coders and Associates, LLC**ARTICLE II - Address:**

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

Principal Office Address:1000 Ponce De Leon Blvd
Suite 328
Coral Gables, FL 33134**Mailing Address:**1000 Ponce De Leon Blvd
Suite 328
Coral Gables, FL 33134**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Zoe Garcia
Name
1000 Ponce De Leon Blvd - Suite 328
Florida street address (P.O. Box NOT acceptable)
Coral Gables FLORIDA 33134
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, Florida Statutes.

[Signature]
Registered Agent's Signature

CORPORATE STATE
TAXES
FLORIDA

04 JUL 27 AM 9:18

FILED