

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.

(((H040001630013)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Fax Number

Division of Corporations

Account Name Account Number : 076624003440

: ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.

(305) 444-6226

Phone Fax Number

(305) 442-4829

LIMITED LIABILITY COMPANY

CARONDELET LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Heckenia Filograph

Comordo Pino

Bublio Access Waln.

H04000163001 3

ARTICLES OF ORGANIZATION

<u>OF</u>

CARONDELET, LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I NAME

The name of this Limited Liability Company is: CARONDELET, LLC.

ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV ADDRESS

The principal office and mailing address of this Limited Liability Company in the State Efforidation 2330 PONCE DE LEON BLVD., SUITE 203, CORAL GABLES, FL 33134. The Board of, Managers may from time to time move the principal office to another address in Florida.

H04000163001 3

ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That CARONDELET, LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates GUILLERMO CEDENO, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2330 PONCE DE LEON BLVD., SUITE 203, CORAL GABLES, FL 33134.

ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The Initial Managers shall be GUILLERMO CEDENO and EDUARDO GOUDIE, of 2330 PONCE DE LEON BLVD., SUITE 203, CORAL GABLES, FL 33134.

9 th day of August, 2004	e County, State of Florida, this		
		The Manager	lui)
		GUILLERMO	CEDENO
STATE OF FLORIDA) } \$\$:		
COUNTY OF MIAMI-DADE)		
LLC., for and on behalf of the e	ntity, who pro	duced Florida Dila	the Manager of CARONDELET as identification, or is personally signed the same for the purposes \bigcirc

My commission expires:

therein expressed.

H04000163001 3

at large

WITNESS my hand and seal at Miami-Dade County, Florida this 9th day of August, 2004

Laura Kohn Commission #DB319617 Expires: May 16, 2008 Bonded Thru Atlantic Bonding Co., Inc.

H04000163001 3

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS_MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That CARONDELET, LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates GUILLERMO CEDENO as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be EDUARDO GOUDIE, of 2330 PONCE DE LEON BLVD., SUITE 203, CORAL GABLES, FL 33134.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered

GUILLERMOLGEDENO Date: August 9, 2004

SECRETARY OF STATE