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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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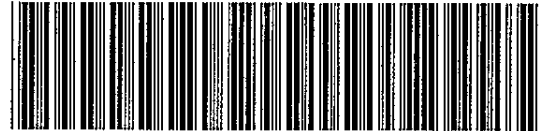
(Business Entity Name)

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2-9-05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVIS & ASSOCIATES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADENET MEDACIER
(Name of Person)

MEDACIER LAW OFFICES, LLC
(Firm/Company)

7771 W. Oakland Pk Blvd, # 223
(Address)

Sunrise, FL 33351
(City/State and Zip Code)

For further information concerning this matter, please call:

Adenet Medacier at (954) 358-3600
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
DAVIS & ASSOCIATES
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAVIS & ASSOCIATES, LLC.

ARTICLE II - Address:

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

Principal Office

Address:

18350 N.W. 2nd Ave, Suite 401
Miami, Florida 33169

Mailing Address:

P.O. Box 170226
Hialeah, Florida 33017

ARTICLE III - Purposes

To enter into and conduct business within the state of Florida and other states as authorized by the laws of this state and those of other states. This company shall have any and all protections accorded under the Florida Statutes authorizing its formation, and that of the Internal Revenue Service Codes.

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

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

Name: Adenet Medacier
7771 West Oakland Park Boulevard
Suite 223
Sunrise, Florida 33351

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

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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..


Registered Agent's Signature

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

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

Title:

Name and Address:

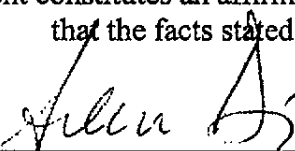
MGR

Arleen Davis, P.O. Box 170226, Hialeah, Florida 33017

REQUIRED SIGNATURE:


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.)


ARLEEN DAVIS

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