

# L05000036176

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## LIMITED LIABILITY COMPANY

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**villaverde & martinez, pllc**

Certificate of Status	0
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Page Count	023
Estimated Charge	\$155.00

2005 JUN 13 AM 02  
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## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 13, 2005

VILLAVERDE & MARTINEZ, PLLC  
201 ALHAMBRA CIRCLE, SUITE 502  
CORAL GABLES, FL 33134SUBJECT: VILLAVERDE & MARTINEZ, PLLC  
REF: W05000018585

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

The registered agent must sign accepting the designation.

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Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

H05000 090029

# ARTICLES OF ORGANIZATION FOR A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Professional Limited Liability Company is: Villaverde & Martinez, PLLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Professional Limited Liability Company is: c/o Arvesu & Associates, PLLC, 201 Alhambra Circle, Suite 502, Coral Gables, Florida 33134.

## ARTICLE III - Management (Check box if applicable.)

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

Title	Name
Managing Member	Toni L. Villaverde
Managing Member	Isabel S. Martinez

## ARTICLE IV - PURPOSE:

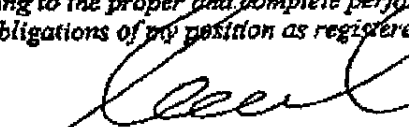
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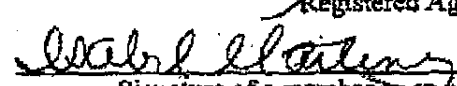
## ARTICLE V - Registered Office, & Registered Agent's Signature:

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

Arvesu & Associates, PLLC  
Name  
201 Alhambra Circle, Suite 502  
Florida street address(P.O. Box NOT acceptable)  
Coral Gables, Florida 33034  
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

  
Signature of a member or an authorized representative:

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes and affirmation under the penalties of perjury that the facts stated herein are true.)

Isabel Martinez

Typed or printed name of signer