

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

**LIMITED LIABILITY COMPANY
CODE CONSULTING SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **Coda Consulting Services, LLC**

ARTICLE II - Address:

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

407 Lincoln Road, Suite# 300, 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:

Arturo Vargas
Name

407 Lincoln Road, Suite# 300
Florida Street address (P.O. Box NOT acceptable)

Miami Beach, FL, 33139
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - Management (Check box if applicable)

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

(An additional Article must be added if an effective date is requested)

1- Arturo Vargas
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.)

Arturo Vargas
Typed or printed name of signee

2- Miguel Chibras
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.)

Miguel Chibras
Typed or printed name of signee

3- Christian Chibras
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.)

Christian Chibras
Typed or printed name of signee

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