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Xiomara Lee P.A.

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Florida Department of State  
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Account Name : XIOMARA LEE, P.A.  
Account Number : I200400000008  
Phone : (305)262-2323  
Fax Number : (305)262-2324

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**  
**CA CONSULTING GROUP LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CA CONSULTING GROUP LLC**ARTICLE II - Address:**

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

**Principal Office Address:**10918 SW 146 CTMIAMI, FL 33186**Mailing Address:**10918 SW 146 CTMIAMI, FL 33186**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CARLOS E. VASQUEZ

Name

10918 SW 146 CTFlorida street address (P.O. Box NOT acceptable)MIAMIFLORIDA 33186

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 603, Florida Statutes..*

  
Registered Agent's Signature

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**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:**MGRCARLOS E. VASQUEZ10918 SW 146 CTMIAMI, FL 33186MGRMANA APARICIO10918 SW 146 CTMIAMI, FL 33186

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.****REQUIRED SIGNATURE:**

x



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.)

CARLOS E. VASQUEZ

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)

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