

W05000098028

Florida Department of State  
Division of Corporations  
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W. HODGE

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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DIVISION OF CORPORATIONS

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STATE OF FLORIDA  
TALLAHASSEE

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LIMITED LIABILITY COMPANY

a gables day place c.m.h.c., llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A Gables Day Place C.M.H.C. LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC" or "L.C.")

**ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

115 Madeira Avenue  
Coral Gables, Florida 33134

Same

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

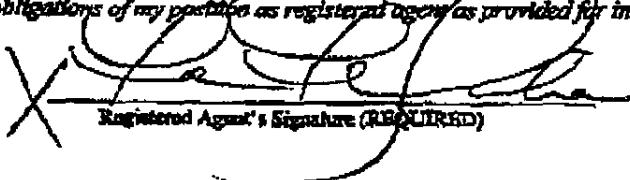
The name and the Florida street address of the registered agent are:

Lucia Fernandez-Silveira  
Name

115 Madeira Avenue  
Florida street address (P.O. Box NOT acceptable)

Coral Gables, FL 33134  
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 (REQUIRED)

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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:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>Lino B. Fernandez</u> <u>2801 Ponce De Leon Boulevard, Suite 410</u> <u>Coral Gables, Florida 33134</u>
<u>MGRM</u>	<u>Lucia Fernandez-Silveira</u> <u>116 Madeira Avenue</u> <u>Coral Gables, Florida 33134</u>
<u>MGRM</u>	<u>Ramon Silveira</u> <u>115 Madeira Avenue</u> <u>Coral Gables, Florida 33134</u>
<u>MGRM</u>	<u>Douglas Matamoras, Ph.D</u> <u>419 SW 32nd Avenue</u> <u>Miami, Florida 33145</u>

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 607.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lucia Fernandez-Silveira  
\_\_\_\_\_  
Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 36.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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