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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECTION OF STATE

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COVER LETTER

TO: Registration So Division of Co				
SUBJECT: Advi	MCPA THE S	Olutions uc I Liability Company)		
The enclosed Articles o	f Organization and fee(s) are su	ubmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
(dalmis C	. Arias		_
(Name of Person)				
	(Firm/Company)		
_115	11 SW 153	Avenue (Address)		06 N
mi	ami, Flor	uida 3319L		06 APR 28
	' (City/	State and Zip Code)		PM
For further information	concerning this matter, please	call:	-LORID	2: 35
Tdams C Arias at 305 908-773 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for	or 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)	
	Mailing Address	Street/Courier Addres	55	

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
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 pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11511.5W 153 Avenue Miami, F1 33196	MOMI, FI 331910 E
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
Idalmis (ARIAS
11511 SW 157 Florida street addi	ress (P.O. Box <u>NOT</u> acceptable)

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)

(CONTINUED) Page 1 of 2

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)