

L060000089332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

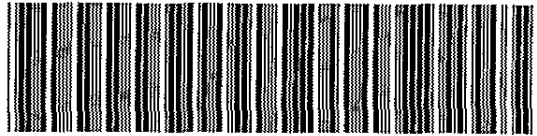
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600079254356

09/12/06--01025--008 **155.00

FILED
06 SEP 12 PM 2:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 SEP 12 AM 11:14
CLERK OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. COLONIAL BENEFITS ADMINISTRATORS
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COLONIAL BENEFITS ADMINISTRATORS, LLC**ARTICLE II - Address:**

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

141 SEVILLA AVENUE CORAL GABLES FL 33134**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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


JOSE VALERA

Name

141 SEVILLA AVENUEFlorida 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**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.

JOSE M. GARCIA - MEMBERJOSE VALERA - MEMBER MANAGERCARLOS VALERA - MEMBER MANAGERJAVET LORENZO GARCIA. - MEMBER
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.)

JOSE VALERA

Typed or printed name of signee

FILED
06 SEP 12 PM 2:05
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT