

W07000017274

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000039940 3)))



H070000399403ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : JORGE L. GURIAN P.A.
Account Number : I20010000123
Phone : (305) 279-4101
Fax Number : (305) 279-1489

2007 FEB 14 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED
07 FEB 14 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MIDAS TOUCH, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

W07-17274
2/13/2007

Fax Audit Number: H07000039940 3
Account Number: I20010000123

**Articles of Organization for
MIDAS TOUCH, LLC.
a Florida Limited Liability Company (FS § 608.407)**

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 608 entitled the Florida Limited Liability Company Act, do hereby adopt the following Articles of Organization for such company:

1. Name. The name of this company shall be MIDAS TOUCH, LLC.

2. Mailing Address. The mailing address and the street address of the principal office of the limited liability company shall be: 2600 Douglas Rd. Suite 1100, Coral Gables, Florida 33134.

3. Duration/Continuation. The period of this company's duration shall be perpetual unless terminated by the unanimous written agreement of all members or by the death, retirement resignation, expulsion, bankruptcy or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member, unless the business of the company is continued by the consent of all the remaining members, or by amendment of these Articles of Organization providing for the continued existence of the company subsequent to the foregoing events.

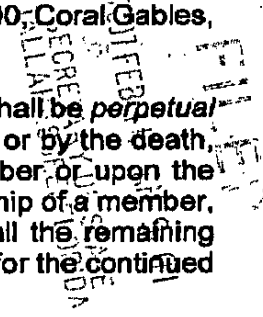
4. Managing Members: The name and address of the individual who will serve as managing member is as follows:

**TOMAS SMID
2600 Douglas Rd. Suite 1100
Coral Gables, FL 33134**

5. Registered Agent and Office. The name and street address of the initial registered agent and office for this company is as follows: Jorge Gurian, 2600 Douglas Rd. Suite 1100, Coral Gables, Florida 33134.

6. Admission of Additional Members; and Terms and Conditions of such Admissions: Additional Members may be admitted upon the approval of a majority of the Members of the Company, upon receiving the written application of such new Member, and in the manner set forth in the Bylaws of this Company.

Fax Audit Number: H07000039940 3
Account Number: I20010000123



Fax Audit Number: H07000039940 3
Account Number: I20010000123

7. Right to Continue Business. The remaining members may continue the Business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member of the occurrence of any other event which terminates the continued membership of a member in the company.

8. Management of Company. The business of the Company shall be managed by the Managing Members. The names and addresses of the Managing Members are set forth above in Article 4.

IN WITNESS WHEREOF, the undersigned, through their authorized representative, have hereunto set their hands and seals this 12th day of February, 2007.



JORGE GURIAN
AUTHORIZED REPRESENTATIVE

Having been named as Registered Agent and to accept service of process for the above stated limited liability company, 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



JORGE GURIAN

RECEIVED
FEB 14 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit Number: H07000039940 3
Account Number: I20010000123

Fax Audit Number: H07000039940 3
Account Number: I20010000123

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND A REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: MIDAS TOUCH, LLC.
2. The name and the Florida street address of the registered agent are:

Jorge Gurian
2600 Douglas Rd. Suite 1100
Coral Gables, Florida 33134

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.



JORGE GURIAN

2007 FEB 14 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Fax Audit Number: H07000039940 3
Account Number: I20010000123