

# 08000012626

Florida Department of State  
 Division of Corporations  
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**To:**  
 Division of Corporations  
 Fax Number : (850) 617-6383

**From:**  
 Account Name : FASTKIT CORPORATE OUTFITS  
 Account Number : 071001002335  
 Phone : (305) 599-0839  
 Fax Number : (305) 716-0346

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**LIGERI LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**LIGERI LLC**

(Must end with the words "Limited Liability Company," "Limited Company" or 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:

2970 SW 8 ST  
MIAMI, FL 33135

Mailing Address:

SAME

**ARTICLE III- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title Name and Address:

MANAGING MEMBER GEORGE R. PIZARRO, M.D. (20 UNITS)  
7443 SW 93 CT. MIAMI, FL 33173

MEMBER ILEANA ACEBO-SANCHEZ (20 UNITS)  
7443 SW 93 CT. MIAMI, FL 33173

MEMBER EVA I. PIZARRO, M.D. (20 UNITS)  
1351 SW 124 CT. MIAMI, FL 33184

MEMBER GEORGE E. PIZARRO (20 UNITS)  
1351 SW 124 CT. MIAMI, FL 33184

MEMBER RICHARD A. PIZARRO (20 UNITS)  
7443 SW 93 CT. MIAMI, FL 33173

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**ARTICLE V: Effective date, if other than the date of filing: 02-05-08 (optional)**

**SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
(In accordance with section 102.408(3), Florida Statutes, the execution that the facts stated herein are true)

GEORGE R. PIZARRO, M.D.  
Type or printed name of signee.

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(Use attachment if necessary)

**ARTICLE IV. Registered Agent, Registered Office & Registered Agent's Signature:**

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

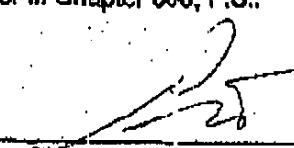
**VIVIAN SIervo**

Name  
**2618 ALHAMBRA CR.**

Florida Street Address  
**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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