

**L080000012626**

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
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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:

Mailing Address:

**2970 SW 8 ST  
MIAMI, FL 33135**

**SAME**

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

The name and address of each Manager of 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 688.408(3), Florida Statutes, the execution that the facts stated herein are true)**

**GEORGE R. PIZARRO, M.D.**

**Type or printed name of signer.**

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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 606, F.S..

  
Registered Agent's Signature (Required)

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