

L08000042467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

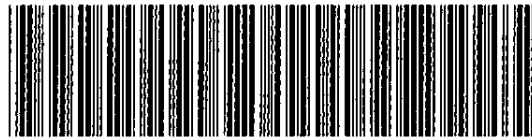
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/08--01004--014 **130.00

Effective Date 04/23/08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 28 PM 12:24

T. HAMPTON

APR 29 2008

EXAMINER

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O.BOX 6327
Tallahassee, FL 32314

SUBJECT: C & D MANAGEMENT COMPANIES L. L. C

Enclosed you will find a check in the amount of \$130.00 and two (2) originals of the Articles of Organization for the above entity.

Please send the Articles to the address below:

Florida Ins. & Acct. Serv. Inc
P O BOX 651221
MIAMI,FL 33265
PHONE # 305-461-4884

Thank You.

Effective Date

04/23/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C & D MANAGEMENT COMPANIES L L C

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

10271 S W 72 ST SUITE D102

MIAMI FL 33173

Mailing Address:

10271 S W 72 ST SUITE D102

MIAMI FL 33173

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CAMILO GARCIA

Name

10271 S W 72 ST SUITE D102

Florida Street Address (P.O. Box NOT acceptable)

MIAMI FL 33173

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)

CAMILO GARCIA

(CONTINUED)

Page 1 of 2

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DIVISION OF CORPORATIONS
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ARTICLE IV - Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

CAMILO GARCIA

10271 S W 72 ST D102

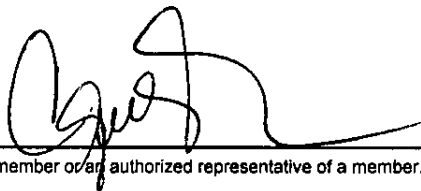
MIAMI FL 33173

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 23 2008 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

CAMILO GARCIA

Typed or printed name of signee