

# Florida Department of State

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Account Name : A.A.ALI, CPA Account Number : 120000000192 Phone : (407)298-3900

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# FLORIDA/FOREIGN LIMITED LIABILITY CO.

# MURRIO D DUCILLE ATTORNEY, LLC.

Certificate of Status	1
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S. HAWKES

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HOEXAMINER

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: MURRIO D DUCILLE ATTORNEY, LLC.

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

#### ARTICLE II - Address:

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

15955 SW 9<sup>TH</sup> ST

PEMBROOKE PINES, F1. 33027

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company among serve as its own Registered Agent, You must designate an individual or another

business entity with an active Florids registration.)
The name and the Florids street address of the registered agent are:

## MURRIO D DUCTLLR 15955 SW 9<sup>TH</sup> ST PEMBROOKE PINES, FL 33027

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..

MURRIO D DUCH LE/Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s);
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member

MURRIO D DUCILLE - MGRM 15955 SW 9<sup>TE</sup> ST PEMBROOKE PINES, FL 33027

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ARTICLE VI Effective date, if other than the date of filing: OCTOBER 28, 2008
(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 Stantes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MURRIO D DUCILLE

Typed or printed name of signer