

Florida Department of State

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ORIDA/FOREIGN LIMITED LIABILITY CO.

Avila Advisors LLC

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Electronic Filing Menu

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FAX AUDIT# <u>HO9000015753</u>

ARTICLES OF ORGANIZATION OF Avila Advisors LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Avila Advisors LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be 2767 Camden Road, Clearwater, Florida 33759.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Kim Louttit, 2767 Camden Road, Clearwater, Florida 33759. Located in the County of Pinellas.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the names and addresses of the managers of the Limited Liability Company are:

Eric Louttit, 2767 Camden Road, Clearwater, Florida 33759 Kim Louttit, 2767 Camden Road, Clearwater, Florida 33759

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: December 15, 2008

WI 53717

(608) 827-5300

FAX AUDIT # 409000015753

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FAX AUDIT # 109000015753

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Avila Advisors LLC

The name and address of the registered agent and office is Kim Louttit, 2767 Camden Road, Clearwater, Florida 33759. Located in the County of Pinellas.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: this

Vina I marrie

Date:

12/22/08

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