

L090000019765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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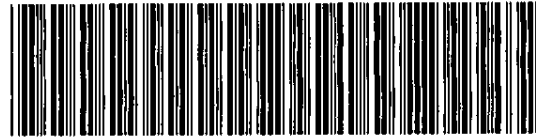
(Business Entity Name)

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TALLAHASSEE, FLORIDA  
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DIVISION OF CORPORATIONS

B. KOHR

FEB 27 2009

EXAMINER

FILED  
09 FEB 27 PM 1:15  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** KATIE WONSCH

**DATE:** 02/27/2009

**REF. #:** 000150.100477

**CORP. NAME:** AV PACIFICA HOLDINGS, LLC

FILED  
09 FEB 27 PM 1:16  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 529456 FOR \$ 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION**

**OF**

**AV PACIFICA HOLDINGS, LLC**

**ARTICLE I - Name**

The name of the Limited Liability Company is AV PACIFICA HOLDINGS, LLC (the "Company").

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Company is 15450 New Barn Road, Suit 104, Miami Lakes, Florida 33014.

**ARTICLE III - Registered Agent and Office**

The street address of the Corporation's initial registered office is 15450 New Barn Road, Suit 104, Miami Lakes, Florida 33014 and the name of its initial registered agent at such office is Alejandro Vilarello.

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. Dated this 26<sup>th</sup> day of February, 2009.

  
\_\_\_\_\_  
Authorized Signor

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned, having been named the Registered Agent of the Company hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes §607.0505.

  
\_\_\_\_\_  
Alejandro Vilarello

Dated: February 26, 2009

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TALLAHASSEE, FLORIDA