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SECRETARY OF STAT

D. BRUCE

MAR **2 6** 2009

EXAMINER

COVER LETTER

TO: Registration Division of C						
SUBJECT: DRAF	PHY GROUP LLC					
SUBJECT:	(Name of Limit	ed Liability Comp	any)			
The enclosed Articles	of Organization and fee(s) are	submitted for filin	g.			
Please return all corres	pondence concerning this mat	ter to the following	g:			
LiZETTE	RAPHAEL					
		(Name of Person)				
DRAPHY	TAX SERVICES I	NC				
		(Firm/Company)				
1150 NW	184 DR			ಶ್ಚ_	_	
		(Address)		LLA)9 H	
MIAMI FL	. 33169			HAS	MAR 2	ec:
	(Cit	ty/State and Zip Cod	e)	RY O SEE.	∑	-
For further information	concerning this matter, pleas	e call:		F STA FLOR	25 AM II: 05	
DEMETRIUS	RAPHAEL	at (305	653-4872	lDA	က	
(Nan	e of Person)	(Area Coo	le & Daytime Telephone Nu	ımber)		
Enclosed is a check	for the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	opy Certifi by is enclosed) Certifi	0 Filing Fe cate of State ed Copy nal copy is en	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton F 2661 Ex	dourier Address tion Section of Corporations Building ecutive Center Circle see, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	
DRAPHY GROUP LLC		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
1150 NW 184 DR	1150 NW 184 DR	
MIAMI FL 33169	MIAMI FL 33169	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent's Sig own Registered Agent. You must designate an individual o	nature: or another
The name and the Florida street address	of the registered agent are:	7117 SEC)
LIZETTE RAPI	HAEL	9 MAR 25 SECRETARY LLAHASSE
	Name	25 SSE
1150 NW 184 I	OR	mg ₹ lu
	street address (P.O. Box NOT acceptable)	MII: 05
MAMI	FL_33169	Ş₩ 85
City	y, 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..

Rogistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGR" = Managing Member MGR LIZETTE RAPHAEL 1150 NW 184 DR MIAMI FL 33169 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"MGK" = Mana		Name and Address:
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) Effective date is listed, the date must be specific and cannot be more than five business days of days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjurg that the facts stated herein are true.) LIZETTE RAPHAEL Typed or printed name of signee			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR		LIZETTE RAPHAEL
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			1150 NW 184 DR
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)