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| (Requestor's Name) | |
|---|----------------|
| (Address) | 90015 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | , 06/29/09 |
| (Business Entity Name) (Document Number) | EFFECTIVE DATE |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Registration Division of C | | |
|--------------------------------|---|--|
| SUBJECT: | Boca M | lia, LLC ed Liability Company |
| | Name of Limit | ed Liability Company |
| The enclosed Articles | of Organization and fee(s) are | submitted for filing. |
| Please return all corres | pondence concerning this mat | ter to the following: |
| | Maria | J. Lopez Name of Person |
| | | Name of Person |
| | | |
| | | Firm/Company |
| | 8443 SW | 144th Court |
| | | Address |
| | Miam | FL 33183 ty/State and Zip Code |
| | | |
| | 6ca mi | a e comcost. net for future annual report notification) |
| For further information | n concerning this matter, pleas | |
| Maria | J. Lopez e of Person | at (305) 409 - 6839 Area Code & Daytime Telephone Number |
| Enclosed is a check | for the following amount: | |
| S125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company i | s: | |
|---|--|-----------------------|
| Boca Mia | LLC. | |
| (Must end with the words "Limited Lia | ability Company," "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited I | Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 8443 Sw 144th Court Miami, FC 331B3 | 8443 SW 144th Miomi, FL 331 | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers business entity with an active Florida registration.) | | lividual or another |
| The name and the Florida street address of the | e registered agent are: | AR S |
| Mavia J. | | TAR TAR |
| Nam | ne | mg 3 Th |
| 8443 SW 144 | th court | FIST N |
| Florida street address (P. | O. Box NOT acceptable) | TATE ORIO |
| Miami, City, State, | FL _{FL} 33183 , and Zip | Sw. A |

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)

(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:

| Title: | Name and Address: | | |
|---|---|-----------------------------|-------------|
| "MGR" = Manager "MGRM" = Managing Member | | | |
| MGR | Fernando Gonzalez 10201 NW 56th Street Doral, FL 33178 | | |
| MGR | Maria J. Lopez 8443 SW 144th Coort Miami, FL 33183 | | |
| MGR | Yully Rodriquez 11050 sw 196 street #3 Miami, FL 33157 | <u>308</u> | |
| MGR | Vivian Blosco Byy3 Sw 144th court Miami, FL 33183 | | |
| (Use attachment if necessary) | Miami, FL 33183 | | |
| to or 90 days after the date of filing.) | he date of filing: 6/24/09 . (O | PTIONAL) iness days prio | r |
| <u>REQUIRED</u> SIGNATURE: | Manz | Zs a | |
| | ber of an authorized representative of a member. | JUN | 77 |
| (In accordance with of this document co that the facts stated | section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury herein are true. | 129 TARY | The same of |
| | Maria J. Lopez | F 3 | |
| Filing Fees: | Typed or printed name of signee | STATE LORID | |
| \$125.00 Filing Fee for Articles of Or | ganization and Designation | > | |

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)