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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: *Dez C. Woods, President*
Account Name : HOGAN & HARTSON, L.L.C.
Account Number : I20040000129
Phone : (305) 459-6500
Fax Number : (305) 459-6550

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 24 AM 8:00

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

AVENTI ASSOCIATES LLC

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M. THOMAS

JUL 27 2009

EXAMINER

(H09000169856)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AVENTI Associates LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Ana Guenara
300 S. Pointe Drive Suite 708
Miami Beach, FL 33139

Ana Guenara
300 S. Pointe Drive
Miami Beach FL 33139

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ana Guenara

Name

300 S. Pointe Dr. Suite 708

Florida street address (P.O. Box **NOT** acceptable)

Miami Beach FL 33139

City, 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.

Ana M. Guenara

Registered Agent's Signature (REQUIRED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Ana Guevara

300 S. Pointe Drive Suite 708

Miami Beach FL 33139

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Ana M. Guevara

Signature of a member or an authorized representative of a member.

(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.)

ANA M GUEVARA

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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