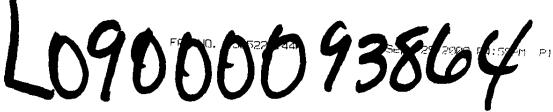
FROM :LAZARUS ision of Corporations



Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000210250 3)))



H090002102503ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number: 12000000019 Phone

: (305) \$52-5973 Fax Number : (305)220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

REBECA GARCIA, R.N. LLC

Certificate of Status Certified Copy ŧ : Page Count 03 Estimated Charge \$155.00

Electronic Filing Menu

Corporate HUMMPUTON

Help

SEP 3 0 2009



H09000210250

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Principal Office Address:

144565W 12LN	14456 5W 12LN
mounit Loniala	Miami, FLORIDA
3184	<u> 33184</u>

Mailing Address:

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:

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

H09000210250

SECRETARY OF STATE STATE OF CORPORATIONS

09 SEP 29 AH 8: 82

H09000210250

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

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

<u>Title:</u> "MGR" = Manager		Name and Address:	
"MGRM" = Managin	ig Member		
_	J	All the Property	
MGRM.	•	Leboga Garcia	
		14006 SW 131-N	
•			7
		Management	
		•	
		A STATE OF THE STA	
•			
•			
(Use áttachment if ne	, if other than the	date of filing: (OP1TO	NAI.
CLE V: Effective date,	, if other than the	date of filing: (OPITO) e specific and cannot be more than five business	NAI. daya
CLE V: Effective date, effective date, effective date is listed, 90 days after the date o	, if other than the the date must b of filing.)	date of filing: (OPTIO especific and cannot be more than five business	NAI. days
CLE V: Effective date, effective date,	, if other than the the date must b of filing.)	e date of filing: (OPITO se specific and cannot be more than five business of a specific and cannot be a specific and cannot be more than five business of a specific	NAI. days
CLE V: Effective date effective date defective date is listed, the days after the date of	, if other than the the date must b of filing.)	e date of filing: ———————————————————————————————————	NAI.
CLE V: Effective date, effective date is listed, 90 days after the date of REQUIRED SIGNATES	, if other than the the date must be filing.) ATURE: nature of a member accordance with settling document const	er or air sutherized representative of a member.	NAI.
CLE V: Effective date, effective date is listed, 90 days after the date of REQUIRED SIGNATES	, if other than the the date must be filing.) ATURE: nuture of a member accordance with se	er or air sutherized representative of a member.	days
CLE V: Effective date, effective date is listed, 90 days after the date of REQUIRED SIGNATES	, if other than the the date must be filing.) ATURE: nuture of a member accordance with settlis document consthat the facts stated in the settles.	er or air sutherized representative of a member.	days
CLE V: Effective date, effective date is listed, 90 days after the date of REQUIRED SIGNATES	, if other than the the date must be filing.) ATURE: nuture of a member accordance with settlis document consthat the facts stated in the settles.	er or air suthovized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the ponalties of perjury herein are true.)	days
CLE V: Effective date effective date is listed, 00 days after the date of REQUIRED SIGNATE Signature of the filling Free:	, if other than the the date must be of filing.) ATURE: nature of a member accordance with see this document construct that the facts stated in	er or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution titutes an affirmation under the ponalties of perjury therein are true.)	NAI.
CLE V: Effective date effective date is listed, 00 days after the date of REQUIRED SIGNATE Signature of the filling Free:	, if other than the the date must be of filing.) ATURE: nature of a member accordance with sethis document construct the facts stated by the facts of Organical Agent	er or air suthovized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the ponalties of perjury herein are true.)	days

Page 2 of 2

H09000210250