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(R	equestor's Name)		
· (A	ddress)		
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(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
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Certified Copies	Certificates	of Status	
			
Special Instructions to Filing Officer:			
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EXAMINER

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

FILING COVER SHEET ACCT. #FCA-14

ACCT. #FCA-14			A Consolidations
CONTACT:	KATIE WO	<u>ONSCH</u>	1.30 Take
DATE:	<u>11/18/09</u>		
REF. #:	000409.114	<u>543</u>	
CORP. NAME:	<u>PASTORA</u>	HOLDINGS OF FLORIDA, LLC	
() ARTICLES OF INCO	PRPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIFIC	CATION	() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL
() CERTIFICATE OF C	CANCELLATION	ī	
() OTHER:			
		ITH CHECK# <u>532635</u> CCOUNT IF TO BE DEBITE	
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(XX) CERTIFIED CO	OPY	() CERTIFICATE OF GOOD STAN	DING () PLAIN STAMPED COPY

Examiner's Initials

() CERTIFICATE OF STATUS

FAX AUDIT No.

ARTICLES OF ORGANIZATION FOR PASTORA HOLDINGS OF FLORIDA, LLC



ARTICLE I - Name:

The name of the Limited Liability Company is: PASTORA HOLDINGS OF FLORIDA, LLC

ARTICLE II - Address:

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

5201 Alhambra Circle Coral Gables, FL 33146

ARTICLE III - Registered Agent and Registered Office:

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

CorpDirect Agents, Inc. 515 East Park Avenue Tallahassee, FL 32301

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.

CorpDirect Agents, Inc., Registered Agent

By:

Name: Katie Wonsch

Title: Assistant Secretary

Signed and dated this day of November, 2009.

Barbara Ferrer, Esq.

Authorized Representative of Sole 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.)

Barbara Ferrer
Typed or printed name of signee