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.

(((H10000005254 3)))



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:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Phone Fax Number

: (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA/FOREIGN LIMITED LIABILITY CO. MIAMI-DADE RESEARCH ASSOCIATES, LLC

Ų.
0.3
1 .
0 1

J. BRYAN

Help

JAN 1 1 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

H1000005254
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
Miami - Dade Research Associates, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "ILC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
103 00 SW 72 street 3970 w Flagler street Suite 151-A Culte 209 0 Miami, FL, 33173 Miami, FL 33134
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:

Roberto Guerra
Name
3970 w Flagler street, suite 204 Florida street address (P.O. Box NOT acceptable)
Florida societ address (P.O. Box NOT acceptable)
miami, FL 33134
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

H10000005254

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

H10000005254

CENT ()	
Title: "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGRM	Miquel I. Rodriguez-May 3970 w Flagler street, suite 20 miami, FLY 33134
MGRM	Roberto Guerra 3970 WFlagler street, suite 2 miami, FL, 32/34
MGRM	Pedro Figueredo 3970 webgler street, suite 20 miami, F1 33134
,	
(Use attachment if necessar	ን)
	er than the date of filing: (OPTIONAL need to specific and cannot be more than five business days g.)
o days after the date of film	
REQUIRED SIGNATUR	E:
	E:
REQUIRED SIGNATUR	of a member or an authorized representative of a member.
REQUIRED SIGNATUR Signature (In accord of this doc	Legue

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2