Division of Corporations 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.

(((H100000225023)))



H1000000225023ABCM

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

RECEIVED

OF THE SECRETAIN OF STATE

ALLAHASSEE, FLERIDA

Division of Corporations

Fax Number : (850)617-6383

Account Name : WHITE & CASE Account Number : 075410002143 Phone : (305)371-2700

Fax Number : (305)358-5744

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

Email Address: MBEAUVAIS-WAGONER@ WHITECASE COM

# FLORIDA/FOREIGN LIMITED LIABILITY CO. CODINA DORAL-DCH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

15090 to-0022

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

10 FEB - I AM 8: 46

#### ARTICLES OF ORGANIZATION

OF

SEURETARY OF STATE TALLAHASSEE, FLORIDA

## CODINA DORAL-DCH, LLC

Pursuant to Section 608.407 of the Florida Statutes, the undersigned hereby files these Articles of Organization as follows:

#### ARTICLE I - NAME

The name of the Limited Liability Company is CODINA DORAL-DCH, LLC.

### **ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is c/o 200 S. Biscayne Boulevard, Suite 4900, Miami, FL 33131.

# ARTICLE III - INITIAL REGISTERED AGENT

The street address of the initial Registered Office of this Company in the State of Florida shall be c/o 200 S. Biscayne Boulevard, Suite 4900, Miami, FL 33181. The name of the initial Registered Agent of this Company at the above address shall be K. Lawrence Gragg.

#### ARTICLE IV - DURATION

The period of duration for the Limited Liability Company is perpetual.

IN WITNESS WHEREOF, the undersigned authorized representative has hereunto set his hand and seal this 1st day of February, 2010.

Name K. Lawrence Gragg

Title: Authorized Agent

# CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement in designating the registered office/registered agent:

CODINA DORAL-DCH, LLC, desiring to organize as a limited liability company under the laws of the State of Florida has designated c/o 200 S. Biscayne Boulevard, Suite 4900, Miami, FL 33131 as registered office and named K. Lawrence Gragg as the initial registered agent.

By: K. Lawrence Gragg, Authorized Agent

Having been named Registered Agent for the above stated limited liability company, at the designated Registered Office, the undersigned hereby accepts said appointment and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the obligations of the undersigned's position as registered agent as provided for in Section 608.415, Florida Statutes.

K. Lawrence Gragg, Registered Agent

FILED

BECRETARY OF STATE

**4**.