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EXAMINER

COVER LETTER

Registration Section **Division of Corporations**

SUBJECT: Ministerio de Consejería Cristiana La Clínica del Alma L.L.C.,

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person	
Firm/Company	
13441 SW 266 St.,	AR A
Address	IARY ASSE
Homestead, FL. 33032	<u> </u>
City/State and Zip Code	C 05 E
anibalburgos@bellsouth.net	TATA ORIDA
E-mail address: (to be used for future annual report notification)	577-64

For fur

Anibal Burgos at (786 1299-0125 Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

2 \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street/Courier Address

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Ministerio de Consejería Cristiana La Clínica del Alma L.L.C (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
Principal Office Address:	Mailing Address:			
13441 SW 266 St.,	13441 SW 266 St.,			
Homestead, FL. 33032	Homestead, FL. 33032			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Anibal Burgos Natibal SW 266 St.,	egistered Agent. You must designate an ind ne registered agent are:			
	address (P.O. Box <u>NOT</u> acceptable)	DA 35		
Homestead,	FL 33032			
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..

Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

EFFECTIVE DATE 3/17/10

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

1.

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Anibal Burgos 13441 SW 266 St., Homestead, FL. 33032
MGRM	María Elena Burgos 13441 SW 266 St., Homestead, FL. 33032
	10 MAR
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(Use attachment if necessary)	E 35
RTICLE V: Effective date, if other than the fan effective date is listed, the date must or 90 days after the date of filing.)	ne date of filing: 3/17/10 (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
(In accordance with s	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

Filing Fees:

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

Anibal Burgos

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee