

MAY-13-2011 FRI 02:11 PM

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.  
ADMOVE MIAMI LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. LUNT

MAY 16 2010

EXAMINER

Electronic Filing Menu

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
2011 MAY 13 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

*The name of the Limited Liability Company is:*

**ADMOVE MIAMI LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")*

**ARTICLE II - Address:**

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

**Principal Office Address:**

1910 SW 17 AVE SUITE 10  
MIAMI, FL 33145

**Mailing Address:**

1910 SW 17 AVE SUITE 10  
MIAMI, FL 33145

**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:*

**R&P ACCOUNTING & TAXES INC**

Name

**150 S.E 2<sup>ND</sup> AVE SUITE 1110**

*Florida street address (P.O. Box NOT acceptable)*

**MIAMI, FL. 33131**  
*FL 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)

2011 MAY 13 AM 10:01  
STATE OF FLORIDA  
CLAHASSEE COUNTY

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**ARTICLE IV- Manager(s) or Managing Member(s):** The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**MGRM**

**ERNESTO SANCHEZ**  
1910 SW 17 AVE SUITE 10  
MIAMI, FL. 33145

**MGR**

**MICHEL REGLA**  
1910 SW 17 AVE SUITE 10  
MIAMI, FL. 33145

**MGR**

ARNALDO SANCHEZ  
1910 SW 17 AVE SUITE 10  
MIAMI, FL. 33145

(Use attachment if necessary)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE V: Effective date, if other than the date of filing (OPTIONAL)**  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED: SIGNATURE**

X   
\_\_\_\_\_  
Signature of a member or an authorized representative of a 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.)

**ERNESTO SANCHEZ**  
Typed or printed name of signee