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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ, P.A.  
Account Number : 076624003440  
Phone : (305) 444-6226  
Fax Number : (305) 442-4829

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

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FLORIDA LIMITED LIABILITY CO.  
AUDENTIA CONSULTING, LLC.

Certificate of Status	1
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A. LUNT

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H11000240846 3

ARTICLES OF ORGANIZATION  
OF  
AUDENTIA CONSULTING, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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PAGE 02/04

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The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I  
NAME

The name of this Limited Liability Company is: AUDENTIA CONSULTING, LLC.

ARTICLE II  
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III  
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV  
ADDRESSES

The principal office of this Limited Liability Company in the State of Florida is 2510 NW 97<sup>th</sup> AVENUE, SUITE 110, DORAL FL 33172. The mailing address of the Company in the State of Florida is 8401 NW 17<sup>th</sup> STREET, DPTO #50 (CCS-129-00), MIAMI, FL 33126. The Managers may from time to time move the principal office to another address in Florida.

ARTICLE V  
REGISTERED OFFICE, REGISTERED AGENT

That AUDENTIA CONSULTING, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 Salzedo Street, Suite 300, Coral Gables, FL 33134.

H11000240846 3

ARTICLE VI  
MANAGEMENT

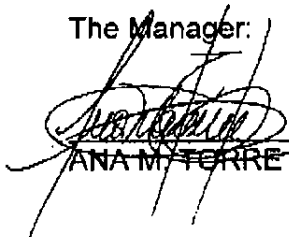
The Limited Liability Company is to be managed by one or more managers and, therefore, a manager - managed company. The initial Managers shall be:

ANA M. TORRE of  
2510 NW 97<sup>th</sup> AVENUE, SUITE 110, DORAL FL 33172

CARLOS BOGADO of  
2510 NW 97<sup>th</sup> AVENUE, SUITE 110, DORAL FL 33172

WITNESS the hand and seal of the Manager in Coral Gables, Florida, the 22<sup>nd</sup> day of September, 2011.

The Manager:

  
\_\_\_\_\_  
ANA M. TORRE

STATE OF FLORIDA                     )  
  ) SS:  
COUNTY OF MIAMI-DADE         )

PERSONALLY appeared before me, ANA M. TORRE, as Manager of AUDENTIA CONSULTING, LLC, for and on behalf of the entity, who produced her \_\_\_\_\_ as identification or is personally known to me, who being by me first duly sworn, acknowledges that she signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 22<sup>nd</sup> day of September, 2011.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE

My commission expires:

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 20 OCT 4 11 05 AM  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That AUDENTIA CONSULTING, LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 Salzedo Street, Suite 300, Coral Gables, FL 33134.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Registered Agent  
ARAZOZA & FERNANDEZ-FRAGA P.A.

By:   
Carlos F. Arazoza  
Director  
Date: September 22, 2011

**FILED**  
**20 OCT 4 2011**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**