

Division of Corporations

**L12000042501**

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(((H12000079906 3)))



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

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RECEIVED  
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TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
CALIE MANAGEMENT, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

**D. BRUCE**

MAR 28 2012

**EXAMINER**

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H12000079906

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I – Name:** The name of the Limited Liability Company is:**CALIE MANAGEMENT, LLC****ARTICLE II – Address:**

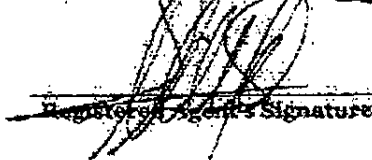
The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**7981 NW 21 Street  
Doral, FL, 33122.**Mailing Address:**7981 NW 21 Street  
Doral, FL, 33122**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**AVELINO DOS SANTOS**7981 NW 21 Street  
Doral, FL 33122.**FILED**  
MAR 29 AM 7:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*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.*

**AVELINO DOS SANTOS**  
Registered Agent's Signature

(CONTINUED)

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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:**

**Name and Address:**

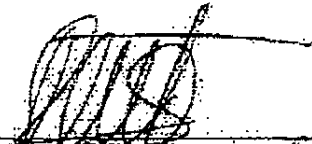
MGR

AVELINO DOS SANTOS

MGR

NATALIA DOMINGUES DE CASTRO

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

AVELINO DOS SANTOS

\_\_\_\_\_  
Typed or printed name of signee

FILED  
12 MAR 27 AM 7:47  
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TALLAHASSEE, FLORIDA

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