

Division of Corporations

**L12000042501**

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**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**

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:

Mailing Address:

7981 NW 21 Street  
Doral, FL, 33122.

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:

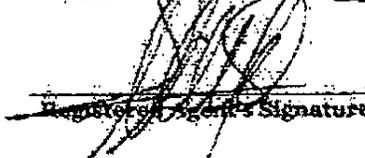
**AVELINO DOS SANTOS**

7981 NW 21 Street  
Doral, FL 33122.

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*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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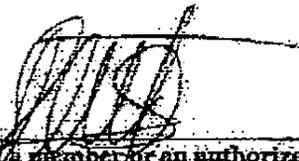
H12000079906

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

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

<u>Title:</u>	<u>Name and Address:</u>
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

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