

Division of Corporations

L12000056090

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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**FLORIDA LIMITED LIABILITY CO.
BEATRIZ E. DAVILA, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
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C. LEWIS

APR 26 2012

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BERRIZ&GIRALDO

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FAX DELIVER



April 19, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CLARA GIRALDO, P.A.

SUBJECT: BEATRIZ E. DAVILA, P.A., LLC.
REF: W12000021575

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "P.A.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H12000102902
Letter Number: 512A00012140

H/2 000102 9023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

BEATRIZ E. DAVILA, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

BEATRIZ E. DAVILA, LLC.

ARTICLE II - ADDRESS

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

11750 SW 18 ST APT # 527
MIAMI, FL. 33175

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

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

BEATRIZ E. DAVILA

11750 SW 18 ST APT # 527

Florida street address (P.O.BOX NOT acceptable)

MIAMI, FL. 33175

City, State, and Zip

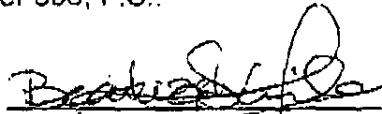
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H/2 000102 9023

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

H12 000 102 9023

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

ARTICLE IV- MANAGEMENT

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

BEATRIZ E. DAVILA
11750 SW 18 ST APT # 527
MIAMI, FL. 33175

MANAGER

(An additional article must be added if an effective date is requested)



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.)

BEATRIZ E. DAVILA

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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