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FROM: AKERMAN SENTERFITT

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : AKERMAN SENTERFITT (MIAMI)
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
CIRCLE CARE LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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APR 27 2012

EXAMINER

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FAX SERVER



April 25, 2012

AKERMANN SENTERFITT

SUBJECT: CIRCLE CARE LLC
REF: W12000021793FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "IC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Naysa Culligan
Regulatory Specialist IIFAX Aud. #: H12000103625
Letter Number: 012A00012207

P.O. BOX 6327 - Tallahassee, Florida 32314

2012 APR 27 11:21

Gina
850-245-6030

CM

**ARTICLES OF ORGANIZATION
OF
CIRCLE CARE MANAGEMENT LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **CIRCLE CARE MANAGEMENT LLC**

ARTICLE II: - Address

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

**10914 NW 33rd ST., Suite 115
Doral, Florida 33172**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

**NRAI SERVICES, INC.
515 East Park Avenue
Tallahassee, FL 32301**

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.

NRAI SERVICES, INC.

By: Katie Wonsch

Name: Katie Wonsch

Title: Assistant Secretary

ARTICLE IV: - Management

☒ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

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TALLAHASSEE, FLORIDA

ARTICLE V: - Manager(s) or Managing Member(s)

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

MGRM

George Pihai Asturias
16 Avenida A 28-80 Zona 13 Colofua Elgin 2 Casa 35
Guatemala city Guatemala

MGRM

Starwood Wealth Management Group S.A.
Salduba Building, Third Floor Urbanizacion Marbella
53rd East Street Panama City, Republic of Panama



George Pihai Asturias, Authorized Representative

(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.)

George Pihai Asturias
Typed or printed name of signer