

L12000088389

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000176793 3)))



H120001767933ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****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.
ACFN of Miami, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

12 JUL -6 AM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUL -6 AM 7:23

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

JUL 9 2012

T. HAMPTON

H12000176793 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ACFN OF MIAMI, LLC

ARTICLE II ADDRESS

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

17901 NW 68TH AVENUE, STE Q-201
HIALEAH, FLORIDA 33015**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

RAYMOND MATIAS
17901 NW 68TH AVENUE, STE Q-201
HIALEAH, FLORIDA 33015

Having been named as registered agent 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.

X 

RAYMOND MATIAS / Registered Agent's signature

H12000176793 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL - 6 AM 7:23

H12000176793 3

PAGE 2 ACFN OF MIAMI, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

MANAGING MEMBER
RAYMOND MATIAS
17901 NW 68TH AVENUE, STE Q-201
HIALEAH, FLORIDA 33015

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -6 AM 7:23

.....

x *Raymond Matias*

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.

RAYMOND MATIAS

H12000176793 3