

FEB-14-2013 09:54

08 82 5

08 27 5

P.

**C13000023864**

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.

(((H13000031192 3)))



H130000311923ABCU

**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 : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

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

Email Address: quinn.smith@gommsmith.com

**FLORIDA LIMITED LIABILITY CO.  
DYADENT, LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 FEB 14 AM 9:17

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 FEB 14 PM 12:12

RECEIVED

FEB 15 2013

T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H13000031192 3

**ARTICLES OF ORGANIZATION  
OF  
DYADENT, LLC**

**ARTICLE I            NAME**

The name of the limited liability company shall be: DYADENT, LLC

**ARTICLE II            PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 8555 NW 29th St., Miami, Florida 33122.

**ARTICLE III            INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 515 E. Palmetto Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

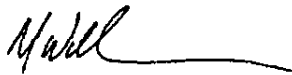
**ARTICLE IV            DURATION**

The duration for the limited liability company shall be: Perpetual.

**ARTICLE V            MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:

Luis Giovanny Pozo Almeida, 8555 NW 29th St., Miami, Florida 33122



Date: February 8, 2013

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

FAX AUDIT # H13000031192 3

2013 FEB 14 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FAX AUDIT # H13000031192 3

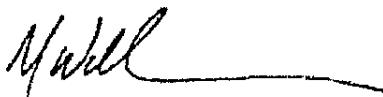
CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: DYADENT, LLC

The name and address of the registered agent and office is Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.



Signature: \_\_\_\_\_

Mark Williams, A.V.P. Business Filings Incorporated

Date: February 8, 2013

2013 FEB 14 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FAX AUDIT # H13000031192 3