

02/05/2031

04:39

#6282 P.001/003

# L13000044983

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.**

(((H13000068764 3)))



H130000687643ABC2

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**\*\*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.  
AVILA BAINING USA, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

13 MAR 26 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAR 26 AM 7:27

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

MAR 27 2013

T. HAMPTON

02/05/2031 04:39  
MAR-26-2013 TUE 12:47 PM

R&M HEALTH CARE INC

#6282 P.002/003  
P.001

H13000068764

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

**ARTICLE I NAME**

The name of the Limited Liability Company is: **AVILA PAINTING USA, LLC**

**ARTICLE II ADDRESS**

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

409 SW 8 AV #1  
Miami, FL 33130

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S SIGNATURE**

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

**HECTOR AVILA**

(NAME)

409 SW 8 AV #1

FLORIDA STREET ADDRESS (P.O.BOX NOT ACCEPTABLE)

MIAMI, FL 33130

(CITY/STATE/ZIP)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 26 AM 7:27

H13000068764

02/05/2031 04:39

#6282 P.003/003

MAR-26-2013 TUE 12:30 PM

R&M HEALTH CARE INC

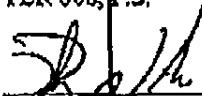
P.003

03/25/2013 22:26 3053620223

PAGE 01/01

H13000068764

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 THE CHAPTER 608, F.S.



HECTOR AVILA - REGISTERED AGENT

ARTICLE IV MANAGEMENT

Management of this limited liability company is reserved to its members, whose names and addresses are as follows:

HECTOR AVILA  
409 SW 8 AV # 1  
MIAMI, FL 33130

Executed by the undersigned members of the limited liability company this: 11<sup>th</sup> day of March, 2013.



HECTOR AVILA  
Manager Member

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 26 AM 7:27

H13000068764