Note: Plaga	Florida Department of State Division of Corporations Clear mid Films Cover Shot print this page and has it as a over over that Type th	78958
The Frence	below) on the top and bottom of all pages of the	
	(((H130001194203)))	
Note: DO NO	T hit the REFRESH/RELOAD button on your brows will generate another cover sheet.	er from this page. Doing so
To:	Division of Corporations Fax Number : (850)617-6383	
From:	Account Name : LAZARUS CORPORATE FILING Account Number : 12000000019 Phone : (305)552-5973 Fax Number : (305)220-1440	
annua	e email address for this business entity to al report mailings. Enter only one email ad Address:	
	FLORIDA LIMITED LIABILITY (DAKODA CONSULTING, LLC	CO.
		1 0 03 30.00
RECEIVED 13 MAYGO PH 3 45 SECRERARY OF STATE TALLANSSEE. FLORIDA	Filing Menu Corporate Filing Menu	Help MAY 3 1 2013 D. BRUCE
800/100 - J 8881 # E	FFECTIVE DATE 05/29/13	04/11/2031 02:32

۰. بر

05/30/2013 THU 9:43 FAX	Žoo2/003
H 7.	3000119420
ARTICLES OF ORGANIZATION I ARTICLE 1 - Name:	FOR FLORIDA LIMITED LIABILITY COMPANY
The name of the Limited Liability Con	npany is:
Dakoda Consulting, LLC (Must and with the words "Limited Liability Compa	ony, "Limited Company" of their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Espirito Santo Plaza	Esplitto Santo Piaza
1395 Brickell Avenue, Suite 800	1395 Brickell Avenue, Suite 800
Miami, Florida 33131	Miami, Florida 33131
business untity with an active Florida registration.) The name and the Florida street address	
Eugene Chinchilla	Name 232
1005 Britshall Avenue	Ξ^{r} or
1395 Brickell Aven Rivida	a street address (P.O. Box NOT acceptable)
Miami	<u>pj. 33131</u> ity, State, and Zip
Having been named as registered agen liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	at and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and n as registered agent as provided for the Chapter 608, F.S. Manual Manual Manua
	CONTINUED) Page 1 of 2

05/30/2013 THP 9:43 PAX			2003/003
• • •	# 130	00119420	
	Manager(s) or Manager idress of each Manager	sing Member(s): or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manag "MGRM" = Mar		Name and Address:	
MGRM		Eugene Chinchilla 1385 Brickell Avenue, Suite 800	
MGR	 	Miami, Florida 33131 Frank Recio 1395 Brickell Avenue, Suite 600	
		Miami, Florida 33131	
	•		
(Use attachment ARTICLE V: Effective (If an effective date is list to or 90 days after the da	date, if other than the da tod, the date must be s	tte of filing: <u>May 29, 2013</u> . (O pecific and cannot be more than five bus	OPTIONAL) Iness days prior
REQUIRED SIG	GNATURE:	00 001	
	Signature of a member of	e (/// //////	
	Signature of a member or an authorized representative of a member.		
<u>Filing Fees:</u>		or printed name of signce	AH 10: 55
of Regi \$ 30.00 Certifie	fee for Articles of Organiz istered Agent of Copy (Optional) ate of Status (Optional)	ation and Designation	
	Pa	ge 2 of 2	
	H130	00119420	
#1686 P.003/003		- · L U	04/11/2031 02:38

;

.

.