

09/23/2013

23:51

#2337 P.001/003

# L13000158681

## Electronic Filing Cover Sheet

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To:

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

From:

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Account Number : I20000000019  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FLORIDA LIMITED LIABILITY CO.

IDA III, LLC

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

TALLAHASSEE, FLORIDA

2613 NOV 12 AM 8:55

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Corporate Filing Menu

Help

B. BOSTICK

NOV 13 2013

EXAMINER

09/23/2031 23:57

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FAX NO.

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P. 08

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

IDA III, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

1710 NW 105 AVENUE  
PEMBROKE PINES, FL 33026

#### Mailing Address:

1710 NW 105 AVENUE  
PEMBROKE PINES, FL 33026

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LUIS ROSALES

Name

5931 NW 179 DRIVE STE 9

Florida street address (P.O. Box NOT acceptable)

MIAMI

FL 33015

City, State, and Zip

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TALLAHASSEE, FLORIDA

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*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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

MDIAL INC

1710 NW 105 AVENUE

PEMBROKE PINES, FL 33026

MGR

ANA GIBSON LEON

1710 NW 105 AVENUE

PEMBROKE PINES, FL 33026

MGR

MARIANA RIVAS

1710 NW 105 AVENUE

PEMBROKE PINES, FL 33026

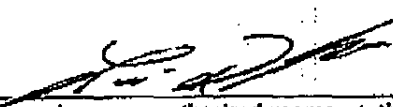
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STATE  
FLORIDA

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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 state herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.)

Luis Rosales  
\_\_\_\_\_  
Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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