

L13000172309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

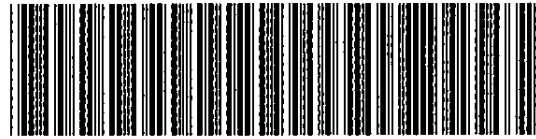
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 DEC 12 AM 11:21
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FILED
13 DEC 12 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DELETED 2013



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 Coral Gables, FL 33134
 Phone: 305-444-4994
 Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Jordan Ricardo & Company, P.L.
 (CORPORATE NAME) (DOCUMENT #)
2. _____
 (CORPORATE NAME) (DOCUMENT #)
3. _____
 (CORPORATE NAME) (DOCUMENT #)

Walk-In Pick up time: _____ Certified Copy Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

ARTICLES OF ORGANIZATION

OF

JORDAN RICARDO & COMPANY, P.L.

ARTICLE I

The name of this professional Limited Liability Company is **JORDAN RICARDO & COMPANY, P.L.**

ARTICLE II

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

255 Alhambra Circle
Suite 500
Coral Gables, FL 33134

ARTICLE III

The purpose for which this professional Limited Liability Company is organized is to provide public accounting and consulting services in the State of Florida.

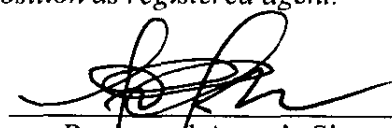
ARTICLE IV

The name and the Florida street address of the registered agent of the professional Limited Liability Company is:

Arturo Jordan
255 Alhambra Circle
Suite 500
Coral Gables, FL 33134

Having been named as the 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.

Date: 12/10/13



Registered Agent's Signature

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ARTICLE V

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

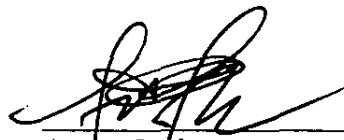
<u>Title:</u>	<u>Name and Address:</u>
Manager	Arturo Jordan 255 Alhambra Circle Suite 500 Coral Gables, FL 33134
Manager	Edwin Ricardo 255 Alhambra Circle Suite 500 Coral Gables, FL 33134

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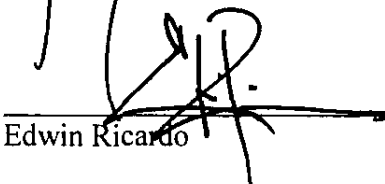
ARTICLE VI

The effective date of this professional Limited Liability Company will be January 1, 2014.

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.



Arturo Jordan



Edwin Ricardo