

L14000007163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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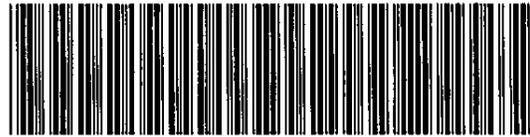
(Business Entity Name)

(Document Number)

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FILED  
2014 JAN 16 PM 12:26  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

N. Gulligan    [Signature]

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONSULTING ADVISING ASSOCIATES LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alfred D. Xiques

Name of Person

Garcia & Xiques PA

Firm/Company

2950 SW 27 Ave, Suite 300

Address

Miami, FL 33133

City/State and Zip Code

axiques@rptgfla.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfred Xiques

Name of Person

at ( 305 )

Area Code

358-4800

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55 Filing Fee &  
Certified Copy

\$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED

2014 JAN 16 PM 12: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is:

CONSULTING ADVISING ASSOCIATES LLC

**SECOND:** Document to be corrected is:

Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the LLC was misspelled due to a scrivener's error  
the name appears as "Associates" it should be  
"Associates".

**OR**

- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

1/15/14

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L14000007163  
FILED 8:00 AM  
January 14, 2014  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:  
CONSULTING ADVISING ASSOCICATES LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2950 SW 27 AVE  
300  
MIAMI, FL. 33133

The mailing address of the Limited Liability Company is:  
2950 SW 27 AVE  
300  
MIAMI, FL. 33133

**Article III**

The name and Florida street address of the registered agent is:  
ALFREDO D XIQUES  
2950 SW 27 AVE  
SUITE 300  
MIAMI, FL. FL

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.

Registered Agent Signature: ALFREDO D. XIQUES

**Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
ALFREDO D XIQUES  
2950 SW 27 AVENUE, SUITE 300  
MIAMI, FL. 33133

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**Article V**

The effective date for this Limited Liability Company shall be:

01/14/2014

Signature of member or an authorized representative

Electronic Signature: ALFREDO D. XIQUES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.