

L14000158509

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.

((H14000237228 3))



H140002372283ASC3

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 : (888)627-6383

From: Account Name : CLARA GIRALDO, P.A.
 Account Number : 119990000017
 Phone : (305)485-9300
 Fax Number : (305)485-1098

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.
 COLINDRES MULTISERVICES, LLC.

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$130.00 |

FILED
 2014 OCT -9 AM 11:15
 STATE DEPT. OF STATE
 TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

RECEIVED
 14 OCT -9 PM 12:00
 DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

K. SALY
 EXAMINER
 OCT 10 2014

H14 000 2372283.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

COLINDRES MULTISERVICES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

COLINDRES MULTISERVICES, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

821 NW 30 CT
MIAMI, FL. 33125

The mailing address shall be:

821 NW 30 CT
MIAMI, FL. 33125

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

LUIS RAFAEL COLINDRES MURILLO

821 NW 30 CT
Florida street address (P.O.BOX NOT acceptable)
MIAMI, FL., 33125
City, State, and Zip

FILED
2014 OCT -9 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H140002372283

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 605, F.S..

Luis Rafael Colindres
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

LUIS RAFAEL COLINDRES MURILLO **MANAGER**
821 NW 30 CT
MIAMI, FL. 33125

LUA ARCILA **MANAGER**
821 NW 30 CT
MIAMI, FL. 33125

(An additional article must be added if an effective date is requested)

Luis Rafael Colindres

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LUIS RAFAEL COLINDRES MURILLO
Typed or printed name of signee

FILED
2014 OCT -9 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA