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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
DYALDO CONSULTING, LLC

Certificate of Status	0
Certified Copy	1
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dyado Consulting, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Fernando Pomares  
Name of Person

Law Office of Fernando Pomares P.A.  
Firm/Company

12002 SW 128 Ct. Suite 104  
Address

Miami, FL 33186  
City/State and Zip Code

fpomares@pomareslaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando Pomares at (305) 256-2265  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  
The name of the Limited Liability Company is:

Dyaldo Consulting, 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:

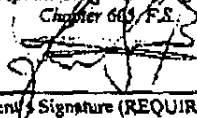
Principal Office Address: 4220 Bay Point Road Miami, FL 33137  
Mailing Address: 4220 Bay Point Road Miami, FL 33137

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:

Fernando Pomares Name  
12002 SW 128 Ct Suite 104 Florida street address (P.O. Box NOT acceptable)  
Miami City FL 33186 Zip

*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 609, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:  
"AMBR" = Authorized Member  
"MGR" = Manager  
MGR

Name and Address:

Antonio Rojas  
4220 Bay Point Road Miami, Fl. 33137

MGR

Licela Rojas  
4220 Bay Point Road Miami, Fl. 33137

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

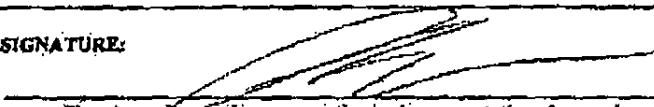
\_\_\_\_\_  
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(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any:  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of 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. 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.)

Antonio Rojas  
\_\_\_\_\_  
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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