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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Relationships Miami 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:
Dr. Asia A. Eaton
Name of Person
Firm/Company
1502 Tangier St.
Addiess
Coral Gables, FL, 33134  City/State and Zip Code  aeaton@fiv.edu
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Asia Saton at (786, 473-1195
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Street Address
New Filing Section  Division of Corporations  New Filing Section  Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com	pany is:				
Rel	ationships M	iami,	LLC		
(Must end with th	e words "Limited Liability Co	mpany, "L.L.C	.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address	of the principal office of the I	limited Liabilit	y Company is:		
Principal Offi	ce Address:		Mailing Address:		
1502 Tangie	v St.	1502	Tangiar St.		3
33134	<u> </u>	3313	Carkor, +L		
ARTICLE III - Registered Agent, Re (The Limited Liability-Company canno another business entity with an active I	t serve as its own Registered.			1	WL 15 AHID: 34
The name and the Florida street address	s of the registered agent are:			700	ō
•	Douglass E. P	ere boom	, CPA	三三	ယ္
-4	Name 10 Columbia C rida stroot address (P.O. Box	Sc., Svi	te D-201	-one greet " j Label e " j "P4	*
M	st Palm Beach	, FL	33409		
Having been named as moistered agent (	City State	s for the above :	Zip stated limited liability compo	any at the	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<mark>[itle:</mark> AMBR" = Aut	norized Member	Name and Address:
AGR" = Mana		Dr. Asia Saton
1.701		1502 Tangiac St.
00.4	0	Corel Galolis, FL, 38137
116	<b>_</b> _	14360 late Castert Pl.
		Miami Lakes, fl , 33014
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