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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 FEB 29 PM 2:00

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AND  
FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COLUMBIA GABLES 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:

JANET KREDI-OBERSTEIN

\_\_\_\_\_  
Name of Person

JKO PROFESSIONAL SERVICES, LLC

\_\_\_\_\_  
Firm/Company

9404 SW 88 PLACE

\_\_\_\_\_  
Address

MIAMI, FL 33176

\_\_\_\_\_  
City/State and Zip Code

JKREDI@ATT.NET

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

For further information concerning this matter, please call:

JANET KREDI-OBERSTEIN      305      753-2107  
\_\_\_\_\_  
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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED  
AND  
FILED

16 FEB 29 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COLUMBIA GABLES 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:**

1465 ALEGRIANO AVENUE  
CORAL GABLES, FL 33146

**Mailing Address:**

1465 ALEGRIANO AVENUE  
CORAL GABLES, FL 33146

**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:

PABLO CARDENAS

Name

1465 ALEGRIANO AVENUE

Florida street address (P.O. Box **NOT** acceptable)

CORAL GABLES      FL      33146

City

State

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 605, F.S..*

Pablo Cardenas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED  
AND  
FILED

16 FEB 29 PM 2:00

**ARTICLE IV-**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

PABLO CARDENAS

1465 ALEGRIANO AVENUE

CORAL GABLES, FL 33146

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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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

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

**REQUIRED SIGNATURE:**

*Pablo Cardenas*

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

PABLO CARDENAS

Typed or printed name of signee

**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)