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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017

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.****

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**FLORIDA LIMITED LIABILITY CO.
USOLOGY, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

USOLOGY, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

USOLOGY, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**15389 S DIXIE HWY UNIT # 35
MIAMI, FL 33157**

The mailing address shall be:

**15389 S DIXIE HWY UNIT # 35
MIAMI, FL 33157**

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

The name and the Florida street address of the registered agent are:
CARWIN ORLANDO MARTINEZ URENA

15389 S DIXIE HWY UNIT # 35
Florida Street address (P.O.BOX NOT acceptable)
MIAMI, FL 33157
City, State, and Zip

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TALLAHASSEE, FLORIDA

CLARA GIRALDO EA.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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..

x Martinez Carwin
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.

CARWIN ORLANDO MARTINEZ URENA
15389 S DIXIE HWY UNIT # 35
MIAMI, FL 33157

MANAGER

JOSE LEONARDO ARCHILA PINA
9900 NW 44TH APT 201 TERRACE
DORAL, FL 33178

MANAGER

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

x Martinez Carwin
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.)

CARWIN ORLANDO MARTINEZ URENA
Typed or printed name of signee

CLARA GIRALDO EA.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300