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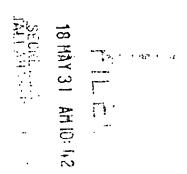
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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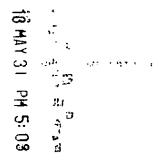
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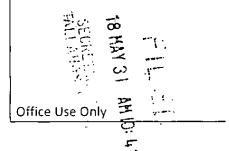


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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com



CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1.	Milton A.	Ortega, PLCC
	(CORPORATE NAME)	(DOCUMENT #)
2.	(CORPORATE NAME)	(DOCUMENT #)
3.		
	(CORPORATE NAME)	(DOCUMENT #)
	Walk-In Pick up time:	Certified Copy

<u> </u>	New Filings
	Profit
	Non-Profit
X	Limited Liability
	Other:

Amendments
Amendments
Resignation
Dissolution/Withdrawal
Other:

Other Filings
Annual Report
Fictitious Name
Apostille:
Other:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

4 11 7			r	N. I	
ART	ICI	_t_ !	-	Nat	ne:

The name of the Limited Liability Company is:

MILTON A. ORTEGA, PLLC

(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: 1047 LAGUNA SPRINGS DR WESTON, FL 33326 Mailing Address: 1047 LAGUNA SPRINGS DR WESTON, FL 33326

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:

MILTON A. ORTEGA

1047 LAGUNA SPRINGS DR

Florida Street address (P.O. Box NOT acceptable)

WESTON FL 33326 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	(· · · · · · · · · · · · · · · · · · ·
"MGR" = Manager	
MGR	MILTON A. ORTEGA
	1047 LAGUNA SPRINGS DR WESTON, FL 33326
	WESTON, FL 33326
	AM 10: 42
	FO
(Use attachment if necessary)	r than the date of filing (COPTIONAL)
ARTICLE V: Effective date, if othe (If an effective date is listed, the da prior to or 90 days after the date of Note: If the date inserted in this block	k does not meet the applicable statutory filing requirements, this date ffective date on the Department of State's records.
ARTICLE V: Effective date, if othe (If an effective date is listed, the da prior to or 90 days after the date of Note: If the date inserted in this block will not be listed as the document's example. ARTICLE VI: Other provisions, if any	te must be specific and cannot be more than five business days [filing.] k does not meet the applicable statutory filing requirements, this date ffective date on the Department of State's records.
ARTICLE V: Effective date, if othe (If an effective date is listed, the da prior to or 90 days after the date of Note: If the date inserted in this block will not be listed as the document's experience.	te must be specific and cannot be more than five business days [filing.] k does not meet the applicable statutory filing requirements, this date ffective date on the Department of State's records.

Typed or printed name of signee

MILTON A. ORTEGA