orida Department

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000248345 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number

: (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address:	
---------------	--

FLORIDA LIMITED LIABILITY CO. MIAMI RESEARCH CENTER LLC

Certificate of Status	0
Certified Copy	l l
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A.	ĸ.	ГI	\mathbf{C}	l.	F. I	-	N	a	me	

The name of the Limited Liability Company is:

(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:	Malling Address:
18951 SW 106 AUC.	18951 SW 106 AVE
8#103	B#103
Cufler Bay, FL 33157	Cutter Bay, FC 33157

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:

Claus	Smit	ona.	
7	Name		
189515	W 10	6 AUC	B# 103
Florida street address			
Hipnii	FL	33/	157
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 Agon 's Signature (REQUIRED)

(CONTINUED)

Page Lof 2

2871 JUN 25 RM 10: 34

The name and address of elect person and	horized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager NI 9	Reynaldo (1160) 1999 30 106 AVE 87103 Corter Bay, FC 3357
AILBR	Collys Sontana 1951 SUD 106 AVE D# 103 CULLE PROJET BYST
AMBR AMBR	Marpelis Roias 1951/500 106 AND BA103 CUTLIN 15001, FC 33157
BNBR.	9/endo Villaquente 11951 SW 106 AVE BOTT 103 10-168 Bay, 11 3357
(Use attachment if necessary)	
(If an effective date is listed, the date must be spithe date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	$\sim \sim $

Filing Fres:

\$125.60 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)