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To:

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Fax Number : (850) 922-4003

From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.  
Account Number : I19990000022  
Phone : (305) 461-4400  
Fax Number : (305) 461-4403

**LIMITED LIABILITY COMPANY**

**The Doran Jason Group of Miami, LLC**

Certificate of Status	0
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Page 2/4

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Page 2

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

### **Article I Name:**

The name of the Limited Liability Company is: The Doran Jason Group of Miami, LLC

### **Article II Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

8600 Doral Blvd.  
Suite 101  
Miami, Florida 33166

### **Article III Duration:**

The period of duration is perpetual unless otherwise adopted by the members.

### **Article IV Management:**

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

Doran Jason  
8600 Doral Blvd.  
Suite 101  
Miami, Florida 33166

### **Article V Admission of Additional Members:**

The right of the members to admit additional members and the terms and conditions of the admissions shall be:

The discretion of the managing member.

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Page 3/4

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Page 3/7

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**Article VI Members Rights to Continue Business:**

The right of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member of the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Determined by the managing member's executor or trustee.

**Article VII Affidavit of Membership and Contributions:**

The undersigned member of The Doran Jason Group of Miami, LLC certifies:

1. the above named limited liability company has at least two members;
2. the total amount of cash contributed by the members are: \$ 1,000;
3. the agreed value of property other than cash contributed by members is; and \$;
4. the total amount of cash and property contributed and anticipated to be contributed by members is \$ 1,000;

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Signature of a member or an authorized representative of a member

(In accordance with section 608.40(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Doran Jason

Typed or printed name of signee

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Page 4/4  
Page 4/7

Fax Audit # H99000024464 2

## **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

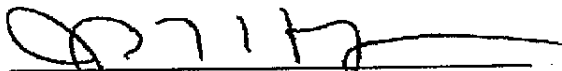
1. The name of the limited liability company is:

The Doran Jason Group of Miami, LLC

2. The name and Florida street address of the registered agent are:

United States Registered Agents, Inc.  
329 Granello Avenue  
Coral Gables, Florida 33146

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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.

  
Signature

9-24-99  
Date

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