

LO3000039269

Florida Department of State
Division of Corporations
Public Access System

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.

(((FI03000296204 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) 205-0383

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

RECEIVED
03 OCT 14 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

RECEIVED
03 OCT 14 PM 1:23
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

MASTERLINE INK, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

10-14-03

HO 3000296204

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **MASTERLINE INK, LLC.**

ARTICLE II ADDRESS

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

**8600 NW SOUTH RIVER DRIVE # 239
MIAMI, FL 33166**

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the agent are:

CLEMENTE AMEZAGA

(NAME)

8600 NW SOUTH RIVER DRIVE # 239

FLORIDA STREET ADDRESS (P.O.BOX NOT ACCEPTABLE)

MIAMI, FL 33166

(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT 14 PM 1:39

APPROVED
AND
FILED

HO 3000296204

HO 3000296204

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 THE CHAPTER 608, F.S.

Registered Agent's Signature

ARTICLE IV MANAGEMENT

Management of this limited liability company is reversed to its members, whose names and addresses are as follows:

CLEMENTE AMEZAGA
8600 NW SOUTH RIVER DRIVE #239
MIAMI, FL 33166
MANAGER

CARLOS ARBOLEDA
8600 NW SOUTH RIVER DRIVE #239
MIAMI, FL 33166
MANAGER

RAMON ARBOLEDA
8600 NW SOUTH RIVER DRIVE #239
MIAMI, FL 33166
MANAGER

ARTICLE V. CAPITAL CONTRIBUTIONS

Capital contribution in the amount of \$1,000.00 cash shall be paid to the limited liability company for the members in the following amount: Clemente Amezaga \$1,333.34 (33%); Carlos Arboleda \$1,333.33 (33%); Ramon Arboleda \$1,333.33 (33%). Additional contributions will be made as required for investment purposes, as determined by unanimous consent of members. Members will make contributions in equal shares.

SECRETARY OF STATE
ALL DOCUMENTS PRIOR

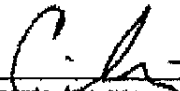
03 OCT 14 PM 1:39

LAZARUS
AND
FILED

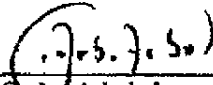
HO 3000296204

HO 3000296204

Executed by the undersigned members of the limited liability company this: 6TH day of October 2003.



Clemente Anezaga
Authorized Representative.



Carlos Arboleda
Authorized Representative.



Ramon Arboleda
Authorized Representative.

03 OCT 14 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

HO 3000296204