

# LD7000019619

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : PROFESSIONAL VISA, INC.  
Account Number : I20020000173  
Phone : (305) 639-4737  
Fax Number : (305) 639-4725

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Inversiones Multimarca, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

*[Handwritten signature]*

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**INVERSIONES MULTIMARCA, LLC.**

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C..")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

14250 NW 18 PLACE  
PEMBROKE PINES, FL 33028

**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:

Oscar Rodriguez

\_\_\_\_\_  
Name

14250 NW 18 PLACE

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

PEMBROKE PINES 33028

FL

\_\_\_\_\_  
City, State, and 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 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGR

Oscar Rodriguez  
14250 NW 18 PLACE  
PEMBROKE PINES, FL 33028

MGR

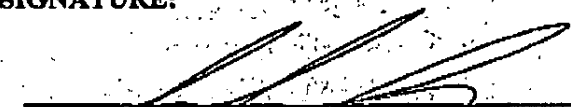
Cesar Rodriguez  
14250 NW 18 PLACE  
PEMBROKE PINES, FL 33028

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL)**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution  
of this document constitutes an affirmation under the penalties of perjury  
that the facts stated herein are true.)

**Oscar Rodriguez**

\_\_\_\_\_  
Typed or printed name of signee

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