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Public Access System

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Division of Corporations

: (850)205-0383 Fax Number

From:

PROFESSIONAL VISA, INC. Account Name

120020000173 Account Number : (305) 639-4737 Phone Fax Number

(305) 639-4725

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Overlanders Global Expeditioners LLC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Overlanders Global Expeditioners LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3748 Falcon Ridge Circle, Weston Florida, 33331

3748 Falcon Ridge Circle, Weston Florida, 33331

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Juan Carlos Lizarralde	
3748 Falcon Ridge Circle,	
Florida Street address (P.O. Box NOT acceptable)	
Weston .	
Florida, 33331	
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, Florida Statutes.

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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:

Name and Address:

<u>Title:</u>
"MGR" = Manager

"MGRM" = Managing Member

MGR

Luis Antonio Vassallo Oviedo

3748 Falcon Ridge Circle, Weston

**MGR** 

Florida, 33331

Juan Carlos Lizarralde Coutinho 3748 Falcon Ridge Circle, Weston

Florida, 33331

NOTE: An additional article must be added if an effective date is requested.

## **REQUIRED SIGNATURES:**

Luis Antonio Vassallo Oviedo
Signature of a member or an authorized representative of a member

Juan Carlos Lizarralde Coutinho
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.)

Juan Carlos Lizarralde Coutinho

Typed or printed name of signee

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SECRETARY OF STATE
SECRETARY OF STATE