

LD8000067041Florida 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.

(((H08000170167 3)))



H080001701673ABC/

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) 617-6383**L. SELLERS**

JUL 11 2008

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346**EXAMINER****FLORIDA/FOREIGN LIMITED LIABILITY CO.****MEWE PAPERIE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

08 JUL 10 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL 10 AM 10:27

FILED

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

OF

MEWE PAPERIE, LLC

The undersigned files these Articles of Organization in order to form a
Limited Liability Company under the laws of the State of Florida.

ARTICLE I - Name

The name of the Limited Liability Company is:

MEWE PAPERIE, LLC

ARTICLE II - Principal Office Address

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

**2699 Tigertail Avenue, #53
Miami, Florida 33133**

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

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

**Claudia Machado
2699 Tigertail Avenue, #53
Miami, Florida 33133**

*Having been named as registered agent 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.*


CLAUDIA MACHADO

FILED
08 JUL 10 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H08000170167 3

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

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

MGRM **Claudia Machado**
2699 Tigertail Avenue, #53
Miami, Florida 33133

MEMBER **Andrea Fittipaldi**
2699 Tigertail Avenue, #53
Miami, Florida 33133

IN WITNESS WHEREOF the undersigned, being and constituting the Managing Partner of the Company, does hereby execute and file these Articles of Organization and declare and certify that the facts herein stated are true this 10th day of July, 2008.



Signature of a member or an authorized representative of a member

Claudia Machado

Type or print name of signer

FILED
08 JUL 10 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H08000170167 3