

SEP/11/2015/FRI 04:10 PM

FAX No.

001/004

10/2015

Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
SUMIMPEX LLC

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

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P. 002/004

850-817-8381

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September 11, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: SUMIMPEX LLC
REF: W15000060017

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain
Regulatory Specialist II

FAX Aud. #: H15000218052
Letter Number: 815A00019242

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUMIMPEX LLC

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

ARTICLE II - Address:

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

Principal Office Address:1648 PEREGRINE FALCONS WAY#205ORLANDO, FL 32837Mailing Address:1648 PEREGRINE FALCONS WAY#205ORLANDO, FL 32837

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:

NATALI GABRIELA PEREZ PENA

Name

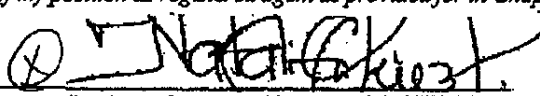
1648 PEREGRINE FALCONS WAY #205Florida street address (P.O. Box **NOT** acceptable)ORLANDOFL32837

City

State

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

2015 SEP 11 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

NATALI GABRIELA PEREZ PENA
1648 PEREGRINE FALCONS WAY #205
ORLANDO, FL 32837

AMBR

LEIVIS ANTONIO BETANCOURT LEON
1648 PEREGRINE FALCONS WAY #205
ORLANDO, FL 32837

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

NATALI GABRIELA PEREZ PENA

Typed or printed name of signer