

# L00000013727

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 922-4003

**From:**

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

## LIMITED LIABILITY COMPANY

BITAGAS, 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 of Limited Liability Company:**

**BITAGAS, LLC**

**ARTICLE II - Mailing Address & Street Address of Limited Liability Company:**

**Address: 9725 N.W. 52<sup>nd</sup> St., Suite 415**

**City, State & Zip: Miami, FL 33178**

**ARTICLE III - Registered Agents Name, Office Address, & Registered Agent's Signature:**

**EDUARDO GUERNICA**

**Name**

**8180 N.W. 36<sup>th</sup> STREET, SUITE 230**

**Address**

**MIAMI, FL 33166**

**City, State & Zip**

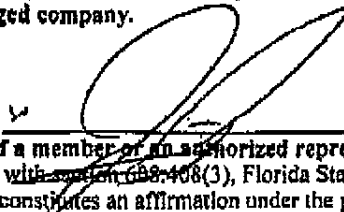
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S.

  
Registered Agent's Signature

11/7/00  
Date

**ARTICLE IV - Management**

**The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.**

  
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.

**JORGE AZMOUZ**

**Typed or printed name of assignee**

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