

000000014187

I. L. COHEN
500 NE SPANISH RIVER BLVD. (#101)
BOCA RATON, FL 33431
561-392-2131
FAX 561-392-2126

MJH

12-18-00

Florida Dept of State
Registration Section
Division of Corporations
P O B 6327
Tallahassee, FL-32314

100003511731--5
-12/22/00--01064--004
***160.00 ***160.00

Gentlemen:

Attached is an application for the formation of

FIMEX UNITED LLC

Enclosed is my check for \$160 to cover

- 1-Filling fee
- 2-Designation of Agent
- 3-Certified copy
- 4-Certificate of Status

Thank you for your attention.

Sincerely

I. L. COHEN

Encl

00 DEC 22 PM 1:57

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIMEX UNITED LLC

ARTICLE II - Address:

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

500 NE SPANISH RIVER BLVD (101)
BOCA RATON - FL - 33431

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

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

I. L. COHEN

Name

500 NE SPANISH RIVER BLVD

Florida street address (P.O. Box NOT acceptable)

BOCA RATON FL - 33431

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

Article IV - Management (Check box if applicable.)

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

ARTICLE V - EFFECTIVE DATE - DEC 18, 2000

(An additional article must be added if an effective date is requested)

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.)

I. L. COHEN

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

00 DEC-22 PM 1:57
DIVISION OF CORPORATIONS