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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**

**AUDITAR INT'L LLC.**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **AUDITAR INT'L LLC.**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
**10268 NW 56 ST MIAMI, FL. 33178**

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be thirty (30) years.

**ARTICLE IV - Management:**

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing members(s) is/are:

**JOSE J.  
MALDONADO  
EDUARDO JIMENEZ**

X

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**JOSE J. MALDONADO**

Typed or printed name of signer

**ARTICLE V - Admission of additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be determined by a majority of the voting members.

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of the member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be determined by a majority of the voting members.

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

**JOSE J. MALDONADO 10268 NW 56 ST. MIAMI, FL. 33178**

NAME, Florida street address (P.O. Box NOT ACCEPTABLE)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designed 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.

X

SIGNATURE

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