

# L03000004432

03 FEB -5 AM 8:11  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

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

RECEIVED  
03 FEB -5 PM 4:09  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**PHOTO-MAX SURIMAR LLC**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY FILED

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ARTICLE I - Name:

The name of the Limited Liability Company is:

PHOTO-MAX. SURINAME: LLC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

14610 SW 173ST. MIAMI, FL 33177

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

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

BELKYS ASUNCION DIAZ

Name

14610 SW 173ST. MIAMI, FL 33177

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

MIAMI, FLORIDA FL 33177

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.*

Belkys Diaz

(Registered Agent's Signature)

Article IV - Management (Check box if applicable.)

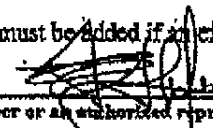
☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

FILED

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(In accordance with section 603.402(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JESUS ESPINOSA

Typed or printed name of signer

MANAGERS:

JESUS ESPINOSA

14610 SW 173 ST.

MIAMI, FLORIDA 33177