

Division of Corporations <https://ccr.dos.state.fl.us/crweb/>

**L03000000 5497**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H03000051470 0)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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 13 PM 1:07

DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**  
**PEMBROKE PINES LIQUIDATIONS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

03 FEB 13 PM 3:15

FILED

2/13  
[Signature]

B03000051470 0

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

**PEMBROKE PINES LIQUIDATIONS, LLC**

ARTICLE II - Address the mailing address and street address of the principal office of the Limited Liability company is:

3750 NW 114 Ave. #6  
Miami, FL 33178

ARTICLE III - Registered Agent, Registered office & Registered Agent's Signature:  
The name and the Florida street address of the registered agent are:

**Alfredo Ratmiroff**  
Name  
3750 NW 114 Av. #6  
Florida, address (P.O.Box no acceptable)  
Miami, FL 33178  
City, State and Zip

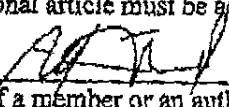
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.  
Liquidations USA, LLC 100%  
3750 Nw 114 Ave #6  
Miami, FL 33178

(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)

**ALFREDO RAMIROFF**  
Typed or printed name of signer

B03000051470 0