

Jun 06 03 02:24p

EXPRESS

305-444-4977

P. 1

Division of Corporations

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# L030000020535

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.**

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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

**LIMITED LIABILITY COMPANY**  
**INTERNATIONAL BUSINESS CONSULTANT LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

RECEIVED  
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DIVISION OF CORPORATION

03 JUN -6 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AND  
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*6-6-06*

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:  
INTERNATIONAL BUSINESS CONSULTANT LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
P.O. BOX 720394 MIAMI, FL 33172

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

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

ERNESTO J. POMBO

Name

515 S.W. 102 AVEFlorida street address (P.O. Box NOT acceptable)MIAMI FL 33174

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

(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.)

ERNESTO J. POMBO

Typed or printed name of signee

**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)

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**ARTICLE IV – Manager(s)**

The name and the Florida street address of the manager(s) or managing member(s) are:

ERNESTO J. POMBO (MGRM)

P.O. BOX 720394

MIAMI, FL 33172

APPROVED  
AND  
FILED  
03 JUN -6 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA