

L03000021253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

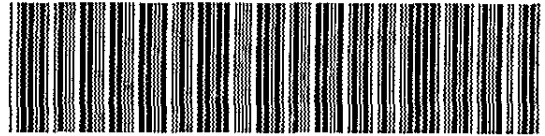
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FILED
03 JUN -9 AM 9:44
SEC. OF STATE
TALLAHASSEE, FLORIDA

June 4, 2003

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I will function as the Registered Agent for Americas Exchange, LLC. My address is 1172 S. Dixie Hwy., Suite 113, Coral Gables, FL 33146. Please accept the attached check of \$160.00 to cover the cost of the Filing Fee, Designation of Registered Agent, Certified Copy and Certificate of Status.

I can be reached at 305-667-4709.

Regards

Mark L. Marion
Mark L. Marion

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Americas Exchange LLC

ARTICLE II - Address:

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

*1172 S. Dixie Hwy., Suite 113
Coral Gables, FL 33146*

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

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

Mark Marion
Name
1172 S. Dixie Hwy., Suite 113
Florida street address (P.O. Box NOT acceptable)
Coral Gables, FL 33146
City, State, and Zip

SECRETARY OF STATE
ALABAMA SECRETARIAL SERVICES
FLORIDA

03 JUN - 9 AM 9:44

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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.

Mark S. Marion
Registered Agent's Signature

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

[Signature]
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.)

DIANE S. SANCHEZ
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)