

Jun 24 03 03:19p

EXPRESS

305-444-4977

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Division of Corporations

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# L03000023033

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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To:

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

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

MIXX LLC.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(((H03000219966)))

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

The name of the Limited Liability Company is:

MIXX LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

425 N.W. 26TH STREET

MIAMI, FL 33127

**Mailing Address:**

425 N.W. 26TH STREET

MIAMI, FL 33127

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

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

JOAO RAMON PEREZ

Name

425 N.W. 26TH STREET

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

MIAMI FL 33127

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

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

**MGRM**

JOAO RAMON PEREZ

425 N.W. 26TH STREET

MIAMI, FL 33127

**MGRM**

JAYME PEREZ

425 N.W. 26TH STREET

MIAMI, FL 33127

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED 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.)

JOAO RAMON PEREZ

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)**

SECTION 15. STATE  
MILITARY SERVICE

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