

... L04000074856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

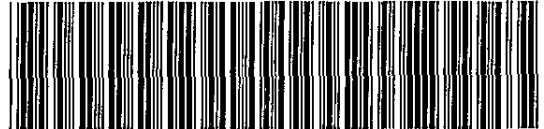
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

BK

Office Use Only



800041699108

10/15/04--01054--023 \*\*155.00

RECEIVED  
04 OCT 15 PM 12:06  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
04 OCT 15 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10/15/04

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

EFFECTIVE DATE  
10/14/09

OFFICE USE ONLY

FILED  
OCT 15 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CIMCORP USA LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION

of

CIMCORP USA LLC

Article I - Name

The name of this Florida limited liability company is :

CIMCORP USA LLC

Article II - Address

The mailing address of the Company is:

8215 NW 64TH STREET UNIT 5  
Miami FL 33166-2767

The street address and principal office of the Company is:

8215 NW 64TH STREET UNIT 5  
Miami FL 33166-2767

Article III - Register Agent

The name and street address of the initial register agent and office is:

Hamilton Fonte  
8215 NW 64TH STREET UNIT 5  
Miami FL 33166-2767

EFFECTIVE DATE  
10/18/08

FILED  
04 OCT 15 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#### Article IV - Transferability of Membership Interest

No members shall have the right to assign their membership interests in the Company without the written agreement of all of the membership interests, unless otherwise provided in the Company's Operating Agreement. If the assignment is not approved by all of the membership interest, the assignee shall have no right to become a member, to participate in the management of the Company, or to exercise any other right or powers of a member. The assignee shall merely be entitled to receive the share of profits and other distributions and allocations and the allocation of income, gain, loss deduction, credit, or similar item to which the assignor was entitled, to the extent assigned.

#### Article V - Management

This will be a member-managed company. The name of each member is:

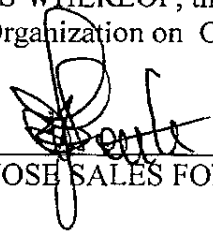
CIMCORP Comercio International e Informatica SA, Member-manager

ANTONIO JOSE SALES FONTE, Member-manager

#### Article VI - Company Existence

The Company's existence shall begin effective October 14, 2004

IN WITNESS WHEREOF, the undersigned authorized member-manager executed these Articles of Organization on October 14, 2004

  
\_\_\_\_\_  
ANTONIO JOSE SALES FONTE, member-manager

STATEMENT OF REGISTER AGENT and REGISTER OFFICE

LIMITED LIABILITY COMPANY:

CIMCORP USA LLC

REGISTER AGENT /OFFICE:

Hamilton Fonte  
8215 NW 64TH STREET UNIT 5  
Miami FL 33166-2767

I agree to act as register agent to accept service of process for the Company named above at the place designated in this Statement. I further agree to comply with the provisions of all Status relative to the proper and complete performance of registered agent duties. I am familiar with and accept the obligations of the register agent position.

Signature, \_\_\_\_\_

  
Hamilton Fonte - REGISTER AGENT

Date: October 14, 2004