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2016 JUN -6 P 2:48

REGISTRY OF COMPANIES
TERRACON, CANADA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: Sovereign Customs Services, LLC # 2:48
(Name of Limited Liability Company)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Cimadevilla, Esq.
(Name of Person)

Law Offices of Pablo Perez
(Firm/Company)

311 SW 27th Ave - 1st Fl
(Address)

MIAMI, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Cimadevilla at (305) 649-8888
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FROM : Dec 05 04 10:22p

FAX NO. : ANA BALLESTE

Dec. 07 2004 04:50PM P2
700-388-7719 P. 7

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2005 JAN -6 P 2:48

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
STATE OF FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sovereign Customs Services, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

(X) 8501 NW 17 St. S-102
MIAMI, FL 33122

SAME

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

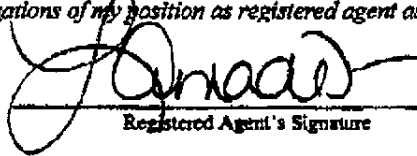
The name and the Florida street address of the registered agent are:

Leslie Cinadevilla
Name

804 Douglas Rd - 365
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33122
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)

FROM : Dec 05 04 10:23p

FAX NO. : ANA BALLESTE

Dec. 07 2004 04:50PM P3
/06 JBB-7714 P.J.

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR." = Manager	
"MGRM" = Managing Member	
X <u>MGRM</u>	<u>DAVID WHITTINGHAM</u> <u>1501 NW 17 St. S-102</u> <u>MIAMI, FL 33122</u>
X <u>MGRM</u>	<u>JOE DECKER</u> <u>8501 NW 17 St. S-102</u> <u>MIAMI, FL 33122</u>

FILED

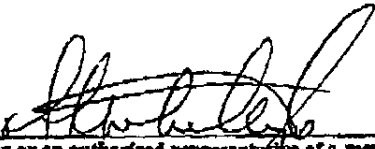
2005 JAN -6 P 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

X 
 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.)

X DAVID WHITTINGHAM
 Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)