

W05000015525

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
05 MAY -6 PM12:09
DIVISION OF CORPORATION

JM

05 MAY -6 AM10:22
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

caribex, llc

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company: **CARIBEX, LLC**

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: **1261 SE 31 CT, #204**

City, State & Zip: **HOMESTEAD, FL 33035**

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

JUAN CARLOS GENAO
Name

1261 SE 31 CT, #204
Address (P.O. Box NOT Acceptable)

HOMESTEAD, FL 33035
City, State, 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

Date 05/06/2005

☐ Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1.



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.

JUAN CARLOS GENAO
Typed or printed name of signee

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