Corporations Public Access System Opening Department of State (35)

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000220422 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

A. HOMA

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

105-91355

LIMITED LIABILITY COMPANY

navarro supplies llc

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

RECEIVED FILED

05 SEP 15 PM 2: 15

05 SEP 15 PM 2: 15

SELF-LIA-Y STATE
JIVISION OF CORPORATION TALLAHASSEE FLORING

Electronic Piling Menu

Company Filips

Public Accordible

크게[십시크

2Eb-12-5002 14:05





ARTICLES OF ORGANIZATION OF A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-NAME

The name of the Limited Liability Company is:

NAVARRO SUPPLIES LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

15441 SW 49 ST MIAMI, FL 33185

15441 SW 49 ST MIAMI, FL 33185

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE: The name and the Florida street address of the registered agent are:

JOSE MARIANO NAVARRO

15441 SW 49 ST FLORIDA STREEF ADDRESS (P.O BOX NOT ACCEPTABLE)

> MIAMI, FL 33185 CITY, STATE, AND ZIP

J5 SEP 15 PM 2:47
SECRETAL Y OF STATE
ALL AHASSEE FLORIDA

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 FURTHERAGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFOMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT AS PROVIDED FOR IN CHAPTER 608, P.S.

REGISTERED AGENT SIGNATURE

EO.9 JATOT

ARTICLE IV-MANAGEMENT/MEMBER(S):

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

Title:

Name and address:

MGR= Manager MGRM= Managing Member

MGR= JOSE MARIANO NAVARRO MGR= ALEXANDER I NAVARRO

15441 SW 49 ST MIAML, FL 33185 15441 SW 49 ST MIAML, FL 33185

(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(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perfury that the facts stated berein are true.)

JOSE MARIANO NAVARRO
Typed or printed name of signed