Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (85

: (850)205-0383

Prom:

Account Name : KIOMARA LEE, P.A.

Account Number: 120040000008 Phone: (305)262-2323

Fax Number : (305) 262-2:

202-2141

LIMITED LIABILITY COMPANY

JOSA INTERNATIONAL LLC

Certificate of Status	
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing

Public Access Help

TO: (305) 262-2141

05 NOV 23 AM 11: 14

RECEIVED SONO 23 AM 7: LE SONO 23 AM 7: LE SONO 23 AM 7: LE SONO OF CORPORATION 415: ON OF CORPORATION

800 NE 195 ST SUITE 705

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	iparty is:
JOSA I	NTERNATIONAL LLC
(Must end with the words "Limited Liability Compa	any. "Limited Company" or their abbreviation "LLC." or "L.C.,")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

MIAMI, FL 33179	MIAMI, FL 33179
	ont, Registered Office, & Registered Agent's Signature ve as its own Registered Agent. You must designate an individual or another mation.)
The name and the Florida street a	address of the registered agent are:
	JOHNNY SERNA
	Name

800 NE 195 ST SUITE 705

800 NE 195 ST SUITE 705

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

MIAM! FL 33179

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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05 NOV 23 AH 11: 14

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managin	Name and Address: g Member.
MGR ·	JOHNNY SERNA
	600 NE 195 ST SUITE 705
	MIAMI, FL 33179
MGR	ASMED SERNA
	800 NE 195 ST SUITE 705
	MIAMI, FL 33179
	,
	if other than the date of filing: 11/22/2005 (OPTIONA
LEV: Effective date,	if other than the date of filing: 11/22/2005 (OPTIONA the date must be specific and cannot be more than five business day filing.)
TLE V: Effective date, ffective date, of days after the date of REQUIRED SIGNA	if other than the date of filing: 11/22/2005 (OPTIONA the date must be specific and cannot be more than five business day filing.)
TLE V: Effective date, ffective date, of the days after the date of REOUTRED SIGNA	if other than the date of filing: 11/22/2005 (OPTIONA the date must be specific and cannot be more than five business day filing.) ATURE: nature of a member or an authorized representative of a member.
TLE V: Effective date, frective date, of days after the date of REOURED SIGNA	if other than the date of filing: 11/22/2005 (OPTIONA the date must be specific and cannot be more than five business day filing.)
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