

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: GLOBEX AMERICA, CORP.

Account Number : I20050000167

Phone

: (904)382-9815

	Fax Number	: (904)212-0213		1711	
LEIVED	EORIDA/FO	ORIDA/FOREIGN LIMITED LIABILITY CO. NWA PRECAST REPAIR, LLC.			
	Certific	ate of Status	0		
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90	Page Co	unt	02	五	
la	Estimate	ed Charge	\$125,00		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: NWA PRECAST REPAIR, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the LLC is: 3355 Claire Ln # 1304 – Jacksonville, FL 32223

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

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

Wilson T Garcia 3355 Claire Ln # 1304 Jacksonville, FL 32223

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 company 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..

Wilson T Garcia

ARTICLE IV - Managers:

Manager

Wilson T Garcia

3355 Claire Lane # 1304 - Jacksonville, FL 32223

Manager

Amaury Lima de Paula

5102 Cypress Court - Alpharetta, GA 30005

Manager

Nelson Alves da Silva

1001 Winterset Pkwy SE - Marietta, GA 32067

Wilson T Garcia

(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