

APR-20-2006  
WA 55-019006/0067

400000106/53

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ARTICLES OF ORGANIZATION  
OF  
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-NAME

The name of the Limited Liability Company is:

INEPEXA FOOD LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

9551 FONTAINEBLEAU BLVD APT 519  
MIAMI FL 33172

MAILING ADDRESS:

9551 FONTAINEBLEAU BLVD APT 519  
MIAMI FL 33172

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:

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

FLOR VAZQUEZ  
(NAME)

9551 FONTAINEBLEAU BLVD APT 519  
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

MIAMI FL 33172  
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 603, F.S.

  
REGISTERED AGENT SIGNATURE

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

**Name and address:**

**MGRM= Managing Member**

MGRM= INEPEXA INC, 9551 CONTAINERLEAU BLVD APT 519, MIAMI FL 33172

(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 908.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**FLOR VAZQUEZ**

**Typed or printed name of signed**

~~SECRET~~

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