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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.
INT'L BUSINESS SOLUTION & TRADING COMPANY LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The Name of the Limited Liability Company is:

INT'L BUSINESS SOLUTION & TRADING COMPANY LLC

ARTICLE II - Address:

Principal Office Address:

14464 SW 138TH PL
Miami, FL 33186

Mailing Address:

14464 SW 138TH PL
Miami, FL 33186

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

ARVEL NUNEZ

Name:

14464 SW 138TH PL

Florida Street Address (P O Box NOT acceptable)

Miami, FL 33186

City, State, and Zip

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TALLAHASSEE, 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 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 obligation of my position as registered agent as provided for in chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)
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ARTICLE IV – Manager(s) or Managing Member(s)

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

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

ARVEL NUNEZ

14464 SW 138TH PL

MIAMI, FL 33186

MGR

KAROL ARNESTO

14464 SW 138TH PL

MIAMI, FL 33186

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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)

ARVEL NUNEZ

Typed or printed name of signed

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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