

L06000118632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

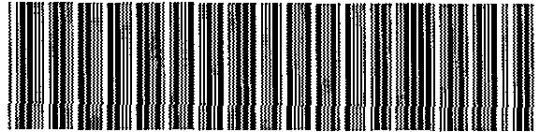
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12/14/06--01001--012 **155.00

FILED
06 DEC 13 AM 8:41
TALLAHASSEE, FLORIDA
STATE DEPT. OF STATE

RECEIVED
06 DEC 13 PM 2:50
TALLAHASSEE, FLORIDA
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DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR
DATE: 12/13/06
REF. #: 000661.61360
CORP. NAME: MSQUARE ENTERPRISES LLC

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 519423 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

Msquare Enterprises LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, an authorized natural person, for the purpose of forming a Limited Liability Company, under the provisions and subject to the requirements of Chapter 608, Florida Statutes, hereby certifies that:

1. The name of the Limited Liability Company is **Msquare Enterprises LLC**.
2. The mailing address and street address of the principal office of the Limited Liability Company is: **3050 Indiana St, Coconut Grove, FL, 33133 USA**
3. The name and Florida street address of the Registered Agent and Registered Office are:
Mrs Maria Del Carmen Martinez, at 3050 Indiana St, Coconut Grove, FL, 33133 USA

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.


Mrs Maria Del Carmen Martinez

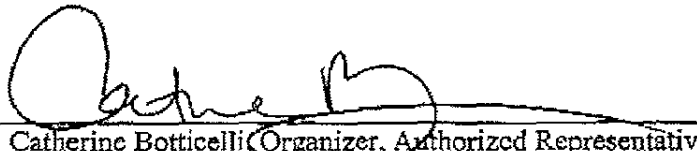
4. The Limited Liability Company is to be managed by Manager(s) who may or may not be members of the Company. The names of the initial Managers are:
Monica Trudy Benner
Maria Teresa Lopez Martinez
5. The Members of the limited liability company will be
Monica Trudy Benner
Maria Teresa Lopez Martinez
6. The limited liability company will be organized for any and all purposes permitted under Florida law, more specifically to engage, without being limited to, in the following activities:
 - (1) International trade, export and import of food and other related products worldwide.

connection with any action, suit or other proceeding in which he may be involved or with which he may be threatened, or other matters referred to in or covered by said provisions both as to action in his official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a director, member or officer of the company. Such indemnification provided shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any Bylaw, Agreement or Resolution adopted by the shareholders entitled to vote thereon after notice.

In addition, the personal liability of all of the directors and members of the company is hereby eliminated to the fullest extent allowed by law.

The undersigned represents that he is authorized to sign this Certificate on behalf of the Members of the Limited Liability Company and that the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated therein are true.

Signature:


Catherine Botticelli, Organizer, Authorized Representative

Date:

December 13, 2006