

L07000093059

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000226371 3)))



H070002263713ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

tresimport llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

07 SEP 11 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 SEP 11 AM 10:33

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

407000226371

3

**ARTICLES OF ORGANIZATION
OF
TRESIMPORT LLC
A Florida Limited Liability Company**

ARTICLE I-NAME

The name of the Limited Liability Company is:

TRESIMPORT LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

10391 SW 139CT MIAMI, FLA. 33186.

MAILING ADDRESS:

10391 SW 139CT MIAMI, FLA. 33186.

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

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

JOSE COLON

(NAME)

10391 SW 139CT

FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33186

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 604, F.S.


REGISTERED AGENT SIGNATURE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 SEP 11 AM 10:33

FILED

407000226371

407000226371

ARTICLE IV - MANAGEMENT/MEMBER(S):

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

Title:

Name and address:

MGR= Manager

MGR= JOSE COLON

10391 SW 139CT MIAMI, FL. 33186



(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 608.406(3), Florida Statutes, the execution of this document
Constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSE COLON

Typed or printed name of signed

FILED

2007 SEP 11 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

407000226371