

# 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.

(((H08000173024 3)))



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

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone

: (305) 444-4994

Fax Number

: (305)444-4977

ORIDA/FOREIGN LIMITED LIABILITY CO.

MEXICANOS INDEPENDIENTES, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

7/15/2008 N. esises eggs 16260

202444B0E

I.q

ECES

#### ARTICLES OF ORGANIZATION

#### <u>OP</u>

#### MEXICANOS INDEPENDIENTES, LLC

# ARTICLE I

The name of the limited liability company is <u>MEXICANOS INDEPENDIENTES</u>, <u>LLC.</u>

#### ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

255 Alhambra Circle Suite 500 Coral Gables, Florida 33134

## ARTICLE III

The name and the Florida street address of the registered agent of the limited liability company is:

Aragon Registered Agents, Inc. 255 Alhambra Circle Suite 500 Coral Gables, Florida 33134

Having been named as the 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.

Date: 7/15/08

Registered Agent's Signature

(((H08000173024)))

# **ARTICLE IV**

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

Title:

Name and Address:

"MGR" = Manager

Mauricio Islas 255 Alhambra Circle Suite 500

Coral Gables, FL 33134

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.

Mauricio Isla

SECREMANY OF STATE