

L090000014403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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02/12/09--01012--008 \*\*155.00

RECEIVED  
09 FEB 12 AM 11:00  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 FEB 12 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

FEB 12 2009

EXAMINER

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. GREENVIC LOGISTIC SERVICES  
(Corporation Name) (Document #)
2. LLC  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in  
☐ Mail out

☒ Pick up time 2.00  
☐ Will wait

☐ Photocopy

☒ Certified Copy  
☐ Certificate of Status

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Greenvic Logistic Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C" or LLC)

**ARTICLE II – Address:**

**Principal Office Address:**

**Mailing Address:**

7855 NW 12 Street

7855 NW 12 Street

Miami, FL 33126

Miami, FL 33126

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business with an active Florida registration.)

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

ROBERT LARSSON

Name

7855 NW 12 Street

Florida street address (P.O Box NOT acceptable)

Miami, FL 33126

City, State, and Zip

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.



ROBERT LARSSON

Registered Agent Signature (REQUIRED)

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09 FEB 12 PM 2:35  
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**ARTICLE IV- manager (s) or Managing Members(s):**

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

**Title:**

"MGR"= Manager

"MGRM"= Managing Member

**Name and Address:**

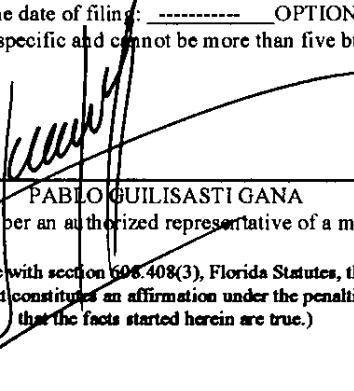
Managing Member	PABLO GUILISASTI GANA
	7855 NW 12 Street
	Miami, FL 33126
Managing Member	RODRIGO DEL SANTE
	7855 NW 12 Street
	Miami, FL 33126
Managing Member	GONZALO SERRANO GUTIERREZ
	7855 NW 12 Street
	Miami, FL 33126

(Use Attachment if necessary)

**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 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
PABLO GUILISASTI GANA  
Signature of a member an authorized representative of a member.

(In accordance with section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
Typed or printed name of signed

**Filing Fees:**

\$ 125.00 Filing for Articles of Organization and Designation  
of registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)