

Florida Department of State

Division of Corporations Public Access System

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To:

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

FEORIDA/FOREIGN LIMITED LIABILITY CO.

OFFIX SOLUTIONS LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	0:4	
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Corporate Filing Menu M. THOMAS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE (-

Name: The name of the Limited Liability Company is:

OFFIX SOLUTIONS LLC

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

ARTICLE II - Address:

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

Principal Office Address: 8840 SW 50 TERRACE MIAMI, FL. 33165

Mailing Address: 8840 SW 50 TERRACE MIAMI, PL. \$3165

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 entity with an active Florida registration.)

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

ANDRES RODRIGUEZ Name

150 S.E 2ND AVE SUITE 1110

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL. 33131 PL City, State, and Zip

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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.

.. Registered Agent's Signature (REQUIRED)

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

MGR JONATHAN ASERRAF 8840 SW 50 TERRACE MIAMI, FL 33165

MGRM JOEL ASERRAT

(Use attachment if necessary)

SECHETARY OF STATE

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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 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.)

JONATHAN ASERRAF
Typed or printed name of signoe

SECRETARY OF STATE

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