

L09000102612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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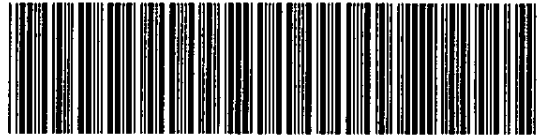
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 17 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Caribbean Export & Import Solutions, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vittorio L Rivalta

Name of Person

Firm/Company

8290 Lake Drive, Suite 542

Address

Doral, FL 33166

City/State and Zip Code

vaponteven@cs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Aponte

Name of Person

at ( 786 )

853-0603

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (08/05)

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TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Caribbean Export & Import Solutions, LLC

**SECOND:** The articles of organization or the application to transact business

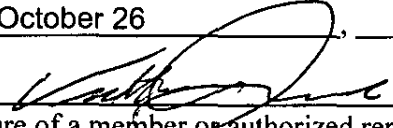
**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
The President's name is Vittorio L Rivalta instead of Vittorio Rivolta  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:  
The President's name is Vittorio L Rivalta instead of Vittorio Rivolta  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: October 26, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

VITTORIO RIVALTA

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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09 NOV 16 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000102612  
FILED 8:00 AM  
October 23, 2009  
Sec. Of State  
mthomas

**Article I**

The name of the Limited Liability Company is:  
CARIBBEAN EXPORT & IMPORT SOLUTIONS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
8290 LAKE DRIVE  
SUITE 542  
DORAL, FL. 33166

The mailing address of the Limited Liability Company is:  
8290 LAKE DRIVE  
SUITE 542  
DORAL, FL. 33166

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
VITTORIO RIVOLTA  
8290 LAKE DRIVE  
SUITE 270  
MIAMI, FL. 33126

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.

Registered Agent Signature: VITTORIO RIVOLTA

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TALLAHASSEE, FLORIDA

### **Article V**

The name and address of managing members/managers are:

Title: P  
VITTORIO RIVOLTA  
16930 SW 5TH STREET  
WESTON, FL. 33326

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FILED 8:00 AM  
October 23, 2009  
Sec. Of State  
mthomas

### **Article VI**

The effective date for this Limited Liability Company shall be:

10/23/2009

Signature of member or an authorized representative of a member

Signature: VICTOR APONTE

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