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(Requestor's Name)		
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(City/State/Zip/Phone #)		
(Only/Otate/Zip/: None #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: <u>BEXPOIT PERO</u>	U LLC Limited Liability Company)
(Name of I	Limited Liability Company)
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Ruben Bevollor (Name of Person)	
(Name of Person)	
PEXPORT PERU L	<u>'LC</u>
(Firm/Company)	
	,
2837 N COURSO DE SUITE 104	
2837 N Course Dr Suite 104 (Address)	
•	
Pompano Boach, FC 33069 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
\mathcal{D}^{\prime}	77
(Name of Person)	at (
(traine of a crossity	(, 2 Sout & Baylinio Forspione (allibor)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
D	D. 1

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
REXPORT PERU LLC	
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2837 N Course Dr. Svik 104 Pompano Beach 33069	2837 N Cause Dr. Svite 104 Pompuno Beach 33069
ARTICLE III - Registered Agent, Registered Offic	e, & Registered Agent's Signature:
The name and the Florida street address of the register Ruben Rewlfar Name 2837 N Course Dr. Wite	SION OF CURP 9 DEC 14 PM
Florida street address (P.O. Box Market Proposition of Proposition	NOT acceptable)
Having been named as registered agent and to accept liability company at the place designated in this certific registered agent and agree to act in this capacity. I fur statutes relating to the proper and complete performant	cate, I hereby accept the appointment as rther agree to comply with the provisions of all

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Maja

(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 608.408(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 signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

EVO LLAR/

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)