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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO;	Registration Division of C					
SUBJI	SUBJECT: Everglades Printing, Labels & Promotions, LLC. Name of Limited Liability Company					
		Name of Limi	led Liabiniy Company			
The en	closed Articles	of Organization and fee(s) are	submitted for filing.			
Please	return all corres	pondence concerning this mat	ter to the following:			
	Jesus D. sua	ırez				
	- - -		Name of Person			
	Everglades F	Printing, Labels & Promot	ions, LLC.			
			Firm/Company			
	18520 NW 67 Avenue, #243					
			Address			
	Miami, Florida	a 33015				
			ty/State and Zip Code			
	doni	nic. suarez@	yncail-Conc for future annual report notification)			
-		E-mail address: (to be used	for future annual report notification)			
For fur	her information	concerning this matter, please	c call:			
Helio Rodriguez-Ecay at (305) 220-0586						
_	Name	of Person	Area Code & Daytime Telep	hone Number		
Enclos	ed is a check fo	or the following amount:				
□\$125.0	00 Filing Fee	2\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	ny is:
Everglades Printing, Labels & Prome	otions, LLC.
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18520 NW 67 Avenue #243	18520 NW 67 Avenue #243
Miami, Florida 33015	Miami, Florida 33015
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Jesus D. Suarez 18520 N.W. 67 Avent	Vame Vame
Miami	جر FL 33015
	ty, State, and Zip
	The state of the form of the state of the st

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)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u>		Name and Address:	•
"MGR" = Manag			
"MGRM" = Mar	naging Member		
MGR		Jesus D. Suarez	
	_	954 NW 30 place	
		Miami, Florida 33125	
			
			
			
			
			
(Use attachment ARTICLE V: Effective (If an effective date is lis to or 90 days after the day	date, if other than the da	nte of filing: (specific and cannot be more than five bu	OPTIONAL) siness days prior
<u>REQUIRED</u> SI	GNATURE:	V-/	10 MAR 15 PM 4:44 SEURETARY OF STATE TALLAHASSEE, FLORIDA
	Signature of a member of	or an authorized representative of a member.	器 中四
	(In accordance with section	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	D STATE
	Jesus D. Suarez		F
	Турес	d or printed name of signee	
Filing Fees:	<u> </u>	•	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)