

L10000029471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 MAR 17 AM 11:07

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EFFECTIVE DATE 3/12/2010

B. KOHR  
MAR 17 2010  
EXAMINER

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DIVISION OF CORPORATIONS  
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# LAZARUS

## CORPORATE FILING SERVICE

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

MIAMI, FL 33165 (305) 552-5973

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

1. NIPEX LLC EFFECTIVE DATE 3/12/2010  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:06 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ 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

EFFECTIVE DATE 3/12/2010

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NIPEX LLC

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

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**ARTICLE II - Address:**

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

**Principal Office Address:**

5701 SUNSET DR UNIT OE04

MIAMI FL 33143

**Mailing Address:**

5701 SUNSET DDR STE OE04

MIAMI FL 33143

**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:

FERNANDO LOPEZ

Name

300 GLENRIDGE

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

KEY BISCAYNE

FL 33149

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.*

[Signature]  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

FERNANDO LOPEZ

300 GLENRIDGE

KEY BISCAYNE FL 33149

MGRM

JUAN CARLOS MERCENARI

230 HAMPTON LANE

KEY BISCAYNE FL 33149

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

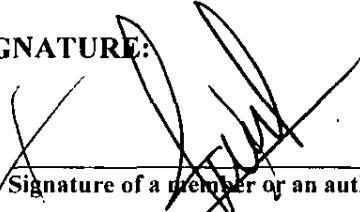
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MARCH 12, 2010. (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 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.)

FERNANDO LOPEZ

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