Division of Corporations Electronic Filing Cover Sheet

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(((H100001187393)))



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Division of Corporations

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: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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Phone: (305)552-5973
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### FLORIDA LIMITED LIABILITY CO. TRANSCARD-INTER USA LLC

Certificate of Status

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03

Estimated Charge

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SS.OG. MCLEOD

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**EXAMINER** 

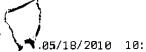
Electronic Filing Menu

Corporate Filing Menu

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DIVISION OF CONTRACTOR

USA.



## H10000118739

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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

TRANSCALD - INTER

3052201440

[ ]	·	
(Must and with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	· · · · · · · · · · · · · · · · · · ·
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
4526 JW 146 CT MIAMI, FLORIDA	SAME.	
MIAMI, FLORIDA.		

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:

_DANYS		
	Name	
4524 SW 1	146 et	· · · · · · · · · · · · · · · · · · ·
Florida	street address (P.C	O. Box NOT acceptable)
Miami	FL	33/25
Çit	y, 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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Title: "MGR" = Manager "MGRM" = Managi	_
MGRM	DANYS CABRERA 4596 SED (46 ET MIAMI, FLORIDA . 33175
MGR	ULIANA VERDECIA. 19344 SW 122 CT MIAMILEL. 33177.
(Use attachment if no	coessary)
CLE V: Effective date	, if other than the date of filing: (OPTIONA the date must be specific and cannot be more than five business da
CLE V: Effective date	the date must be specific and cannot be more than five business day of filing.)
CLE V: Effective date effective date is listed, I days after the date of the CLE SIGNA	the date must be specific and cannot be more than five business day of filing.)
CLE V: Effective date effective date is listed, days after the date of REQUIRED SIGNA Sign	i, if other than the date of filing: (OPTION/ the date must be specific and cannot be more than five business day of filing.) ATURE:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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