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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JIM SIERRA & ASSOCIATES
Account Number : 110677000356
Phone : (305) 271-7310
Fax Number : (305) 271-4422

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
PEBOVISA IMPORT & EXPORT, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

T. CLINE

JUL 29 2010

EXAMINER

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PEBOVISA IMPORT & EXPORT, L.L.C.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

PEDRO BOMBIELLA

Name of Person

PEBOVISA IMPORT & EXPORT, L.L.C.

Firm/Company

9349 SW 169TH AVE

Address

MIAMI, FL 33196

City/State and Zip Code

p.bombiella@hotmail.com

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

For further information concerning this matter, please call:

PEDRO BOMBIELLA

Name of Person

at (305) 562-9112

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PEBOVISA IMPORT & EXPORT, L.L.C

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

ARTICLE II - Address:

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

Principal Office Address:

9349 SW 169TH AVE
MIAMI, FL 33196

Mailing Address:

9349 SW 169TH AVE
MIAMI, FL 33196

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:

DIANA M BOMBIELLA

Name

9349 SW 169TH AVE

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

MIAMI, FL 33196

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

FLOR ANGELA SANCHEZ

9349 SW 169TH AVE

MIAMI, FL 33196

MGRM

PEDRO A BOMBIELLA ZAMBRANO

9349 SW 169TH AVE

MIAMI, FL 33196

MGRM

MONICA VIRGINIA ALMONTE DE SALINAS

C/INTERIOR # 36 TORRE ALTA

PUERTO PLATA, REPUBLICA DOMINICANA

MGRM

VICTOR MANUEL SALINAS LENA

C/INTERIOR # 36 TORRE ALTA

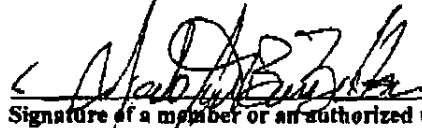
PUERTO PLATA, REPUBLICA DOMINICANA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/15/10. (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.)

PEDRO A BOMBIELLA ZAMBRANO

Typed or printed name of signee

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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