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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 : ROSILLO & ASSOCIATES, P.A.  
Account Number : I19990000127  
Phone : (305) 477-5671  
Fax Number : (305) 477-2640

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

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## FLORIDA LIMITED LIABILITY CO.

Mavipa, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - NAME**The name of the Limited Liability Company is **Mavipa LLC****ARTICLE II - ADDRESS**

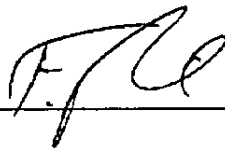
The mailing address and street address of the principal office of the Limited Liability Company is:

7950 N.W. 53 Street - Suite 221  
Doral, Fl 33166**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

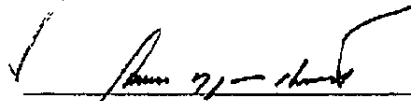
Frank A. Rosillo, CPA  
7950 N.W. 53 Street - Suite 221  
Doral, Fl 33166

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.

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

**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.)

**Omar Duque Ruiz**

**Filing Fees:**  
**\$100.00 Filing Fee for Articles of Organization**  
**25.00 Designation of Registered Agent**  
**30.00 Certified Copy (Optional)**  
**5.00 Certificate of Status (Optional)**

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NOTARY STATE  
OF FLORIDA  
ROSILLO AND ASSOCIATES

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**MANAGERS OF:**

**Mavipa LLC**

**Omar Duque Ruiz**  
**Calle 1 Con Calle O No. 5-46 Sector Patiecito Edo**  
**Tachira, Venezuela**

**Yumary A. Pereira Ochoa**  
**Calle 1 Con Calle O No. 5-46 Sector Patiecito Edo**  
**Tachira, Venezuela**

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