

L10000108302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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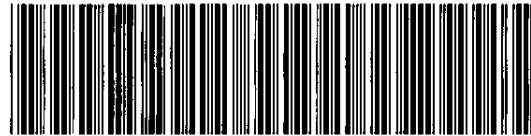
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2010 OCT 15 AM 11:09
TALLAHASSEE, FLORIDA
DEPT. OF STATE

C. LEWIS
OCT 18 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Indoor Processing, LLC

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:

Jorge Eduardo Salmon

Name of Person

Indoor Processing, LLC

Firm/Company

18181 NE 31st CT, Apt 306

Address

Aventura, FL 33160

City/State and Zip Code

fastix1@gmail.com

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

For further information concerning this matter, please call:

Jorge Eduardo Salmon

Name of Person

at (305) 7889088

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ ~~\$125.00 Filing Fee~~

☒ \$130.00 Filing Fee &
Certificate of Status

OK

☐ \$155.00 Filing Fee &
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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Indoor Processing, 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 principal office of the Limited Liability Company is:

Principal Office Address:

18181 NE 31st CT, Apt 306
Aventura, FL 33160

Mailing Address:

18181 NE 31st CT, Apt 306
Aventura, FL 33160

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:

Jorge Eduardo Salmon

Name

18181 NE 31st CT, Apt 306

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

Aventura

FL 33160

City, State, and Zip

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2010 OCT 15 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

FILED

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

The name and address of each Manager or Managing Member is as follows: 2010 OCT 15 AM 11:09

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Fernando Daniel Semproni Artigas

Queguay 8055, Parque Miramar

Canelones, Uruguay, CP 15000

MGRM

Jorge Eduardo Salmon

18181 NE 31st CT, Apt 306

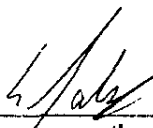
Aventura, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jorge Eduardo Salmon

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)