## L110000 15906

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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B. KOHR
FEB - 7 2011
EXAMINER



## **LAZARUS**

## CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): TECHO LOGY T (Corporation Name) (Document (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Photocopy ☐ Mail out Will wait Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Best TECHNOLDS	Y INPORT JEXPORT LLC
(Must end with the words "Limited Liability	Company, "LL.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11011 5.W. 160 ST. Miami Pl 33157	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the respectively.	ed Agent. You must designate an individual or another
Miami F	7 33177
Florida street addre	ess (P.O. Box NOT acceptable)
City. State	FL c, and Zip
Having been named as registered agent and to ac liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and cred agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
President	Sandra Gonzalez 110115.W.160ST Miami Flagist
DIRECTOR	Felix Gonzalez 11011 5.W.160ST Miami Fl 33151
	Hiami FI 33151
Use attachment if necessary)	
Use attachment if necessary)  EV: Effective date, if other thate the date is listed, the date in lays after the date of filing.)	n the date of filing: (OPTION ust be specific and cannot be more than five business da
Æ V: Effective date, if other thatective date is listed, the date in	n the date of filing: (OPTION ust be specific and cannot be more than five business da
EV: Effective date, if other that ective date is listed, the date in lays after the date of filing.)  EQUIRED SIGNATURE:	ust be specific and cannot be more than five business de
E V: Effective date, if other that ective date is listed, the date makings after the date of filing.)  EOUIRED SIGNATURE:  Signature of a rate	ust be specific and cannot be more than five business de cannot be more than five bus

Filing Foes:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee