

L11000046230

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000102364 3)))



H110001023643ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

L. SELLERS

APR 19 2011

From:

Account Name : AKERMAN SENTERFITT (MIAMI)
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

EXAMINER

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

Email Address: _____

RECEIVED
11 APR 18 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Soluciones y Suministros S.A. SOLYSUM, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

FILED
11 APR 18 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(H11000102364 3)

**ARTICLES OF ORGANIZATION
OF
Soluciones y Suministros S.A. SOLYSUM, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **Soluciones y Suministros S.A. SOLYSUM, LLC**.

ARTICLE II: - Address

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

**Gustavo F. Cárdenas
1501 NE 16th Street
Fort Lauderdale, FL 33304**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

**NRAI Services, Inc.
515 East Park Avenue
Tallahassee, FL 32301**

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.

NRAI SERVICES, INC.

By: Katie Wonsch

Name: **Katie Wonsch**

Title: **Asst. Secretary**

ARTICLE IV: - Management

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

(M3043278;1)

(H11000102364 3)

FILED
11 APR 18 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(H11000102364 3)

ARTICLE V: - Manager(s) or Managing Member(s)
The name and address of each Manager is as follows:

MGR Gustavo F. Cárdenas
 1501 NE 16th Street
 Fort Lauderdale, FL 33304

MGR Gustavo Cárdenas Uribe
 1501 NE 16th Street
 Fort Lauderdale, FL 33304



Gustavo F. Cárdenas, Authorized Representative

(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.)

Gustavo F. Cárdenas
Typed or printed name of signer

(M0043278:1)

(H11000102364 3)