

L11000073565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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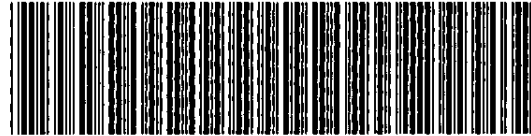
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE
6/15/11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
JUN 23 AM 11:41

AMEVISANET, LLC
15970 W. State Rd 84, Suite 316
Weston, FL 33326

Registration Section / Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VENCOMP IMPORTACIONES XXI C.A, 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:

ANGEL CISNEROS

Name of Person

AMEVISANET, LLC

Firm/Company

15970 W STATE RD 84, SUITE 316

Address

WESTON, FL 33326

City/State and Zip Code

info@amevisanet.com

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

For further information concerning this matter, please call:

ANGEL CISNEROS

Name of Person

at (305) 894-6121

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**ARTICLES OF ORGANIZATION
FOR
VENCOMP IMPORTACIONES XXI C.A, LLC
A Florida Limited Liability Company**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
11 JUN 23 AM 11:41**

ARTICLE I – Name

The name of the Limited Liability Company is:

VENCOMP IMPORTACIONES XXI C.A., LLC

ARTICLE II – Address

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

15970 W State Rd. 84, Suite 316
Weston, FL 33326

The mailing address of the Limited Liability Company is:

15970 W State Rd. 84, Suite 316
Weston, FL 33326

ARTICLE III – Purpose

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV – Initial Registered Agent and Office

The name and Florida street address of the initial registered agent is:

AMEVISANET, L.L.C.
15970 W State Rd. 84,
Suite 316
Weston, FL 33326

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.


Registered Agent Signature: ANGEL CISNEROS

ARTICLE V – Management and Members

The name and address of the manager and members are:

Title: MGR
ANGEL CISNEROS
PO BOX 266755
WESTON, FL, 33326, US

Title: MEMBER
JAVIER R. PARES
PO BOX 266755
WESTON, FL, 33326, US

Title: MEMBER
ANGEL A. CISNEROS
PO BOX 266755
WESTON, FL, 33326, US

ARTICLE VI – Effective Date

The effective date for this Limited Liability Company shall be:

06/15/2011

Signature of member of an authorized representative of a member


Signature of Authorized representative

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SECRETARY OF STATE
DIVISION OF CORPORATION
JUN 23 AM 11:41