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PORATION NAME(S) & DOCUM	MENT NUMBER(S), (
ALAMEDA IMPO (Corporation Name)	RT AND EX (Document #)	PORT, LLC
(Corporation Name)	(Document #)	·
(Corporation Name)	(Document #)	
(Corporation Name) Walk in Pick up time	(Document #)	Certified Copy
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Profit Not for Profit Limited Liability Domestication Other		f R.A., Officer/Director gistered Agent /ithdrawal
OTHER FILINGS	REGISTRATION	N/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partn Reinstatemen Trademark Other	
		Examiner's Initials

ARTICLES OF ORGANIZATION OF ALAMEDA IMPORT AND EXPORT, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608, hereby make, acknowledge and file the following Articles of Organization.

ARTICLE I

The name of this Limited Liability Company shall be: ALAMEDA IMPORT AND EXPORT, LLC ("Company").

ARTICLE II

The Limited Liability Company shall exist for a period of thirty years.

ARTICLE III

The Limited Liability Company is created for any lawful business purpose, except that special statutes for the regulation and control of specific types of business shall control when in conflict herewith.

The members may continue the business of the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member.

ARTICLE IV

The place of business and mailing address of this Limited Liability Company shall be 516 SW 113TH Way, Pembroke Pines, Florida 33025, and such other place or places as the members from time to time may determine. The initial registered agent of the Limited Liability Company shall be William Manuel Trinidad.

The initial registered office address shall be 516 SW 113TH Way, Pembroke Pines, Florida 33025.

ARTICLE V

The members of this Limited Liability Company and their respective membership shares are:

ELIZARDO IVAN PEREZESPINOSA

50%

WILLIAM MANUEL TRINIDAD

50%

ARTICLE VI

The Limited Liability Company will be managed by two managers. The initial mangers shall be ELIZARDO IVAN PEREZESPINOSA and WILLIAM MANUEL TRINIDAD. Their addresses are:

ELIZARDO IVAN PEREZESPINOSA 516 SW 113th Way Pembroke Pines, Florida 33025

WILLIAM MANUEL TRINIDAD 516 SW 113th Way Pembroke Pines, Florida 33025

ARTICLE VII

The Limited Liability Company does hereby indemnify its Managers for any of their conduct on behalf of or related to their duties as Mangers of the Limited Liability Company and holds them harmless for any acts on behalf of or in connection with their services for the limited Liability Company.

IN WITNESS	WHEREOF,	THE	PARTIES	HERETO	HAVE	EXECUTED	THESE
ARTICLES OF ORGAN	IZATION.			M	/)	[]	
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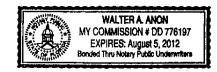
STATE OF $FLORIDA$)		
)	SS:
COUNTY OF DADE)	

The foregoing instrument was acknowledge before me this 47th day of 2011, by ELIZARDO IVAN PEREZESPINOSA, who have personally appeared before me, who are personally know to me, and who did take an oath.

Notary:

Notary Public STATE OF FLORIDA

My Commission expires:



STATE OF FLORIDA)

SS:

COUNTY OF DADE

The foregoing instrument was acknowledge before me this day of 2011, by WILLIAM MANUEL TRINIDAD, who have personally appeared before me, who are

personally know to me, and who did take an oath.

Notary:

Notary Public STATE OF FLORIDA

My Commission expires:

WALTER A. ANON
MY COMMISSION # DD 776197
EXPIRES: August 5, 2012
Bonded Thru Notary Public Underwriters

WRITTEN ACCEPTANCE BY AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OR PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY, AT THE REGISTERED OFFICE DESIGNATED IN THE CERTIFICATE SET FORTH ABOVE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER STATE THAT I AM FAMILIAR WITH AND ACCEPT AND AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATETES RELATIVE TO THE PROPERTY AND COMPLETE PERFORMANCE OF MY DUTIES AND THIS POSITION.

WILLIAM MANUEL TRINIDAD
AS REGISTERED AGENT FOR

ALAMEDA IMPORT AND EXPORT, LLC

STATE OF FLORIDA)

SS:

COUNTY OF DADE

The foregoing instrument was acknowledge before me this _____ day of _____ 2011, by WILLIAM MANUEL TRINIDAD, who has personally appeared before me, who is personally know to me, and who did take an oath.

Notary:

Notary Public STATE OF FLORIDA

My Commission expires:

