

Nov 19 2011 9:40AM

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p. 1

Division of Corporations

Page 1 of 1

**Florida Department of State**  
Division of Corporations  
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To:

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

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : 120060000145  
Phone : (305) 769-4936  
Fax Number : (305) 769-1844

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

Email Address: \_\_\_\_\_

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**FLORIDA LIMITED LIABILITY CO.**  
**POPPIN' SEAL, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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11 NOV 21 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Heidi BRYAN

NOV 22 2011

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**POPPIN' SEAL, LLC.**

**ARTICLE II- Address:**

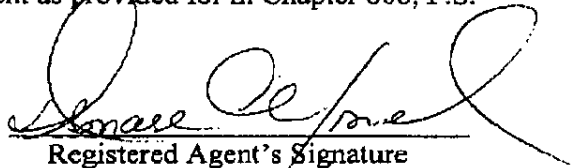
The mailing address and street address of the principal office of the Limited Liability Company is: **8814 NW 177 TERR MIAMI, FL 33018**

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

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

**ISMARE MONREAL  
8814 NW 177 TERR  
MIAMI, FL 33018**

Having been named as registered agent and to accept service of process for the above stated limited liability Company at 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

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

The name and address of each Manager or Managing Member is as follows:

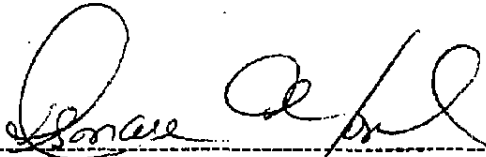
**Title:****Name and Address:****MGRM**

**JUAN A MONREAL  
8814 NW 177 TERR  
MIAMI, FL 33018**

**MGRM**

**ISMARE MONREAL  
8814 NW 177 TERR  
MIAMI, FL 33018**

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Signature of 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.)

**ISMARE MONREAL**  
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Typed or printed name of signee.