

L110VVU135618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

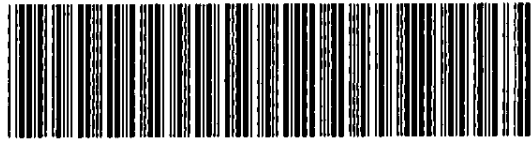
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

DEC 1 2011

EXAMINER



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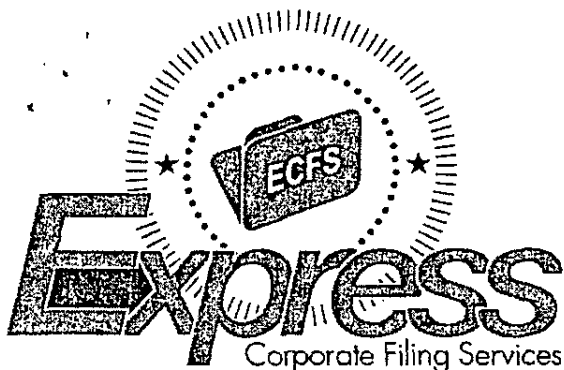
12/01/11--01012--001 **310.00

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 DEC - 1 AM 11:00

RECEIVED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC - 1 PM 2:06



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC -1 PM 2:06

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. IXXICON, LLC (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
FLORIDA LIMITED LIABILITY COMPANY

The undersigned hereby subscribes to these Articles of organization for the purpose of forming a Florida limited liability company pursuant to Florida Status, Chapter 608.

ARTICLE I

The name of The Limited Liability Company is:

IXXICON, LLC

ARTICLE II

The street address and street address of the principal office of the limited liability company is:

8669 NW 67TH STREET
MIAMI, FLORIDA 33166

The mailing address and street address of the principal office of the limited liability company is:

8669 NW 67TH STREET
MIAMI, FLORIDA 33166

ARTICLE III

The purpose for which this limited liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

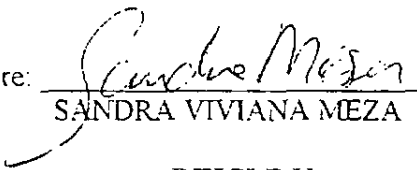
The registered agent and the street address of the initial registered agent if this limited liability company is the state of Florida shall be:

SANDRA VIVIANA MEZA
8069 NW 67TH STREET
MIAMI, FLORIDA 33166

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- 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 duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature:


SANDRA VIVIANA MEZA

ARTICLE V

MANAGER (S) or MANAGING MEMBER (S)

The name and address of each managing members/managers are:

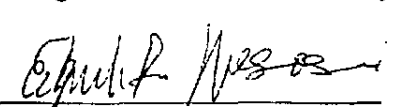
Title: Name and Address:

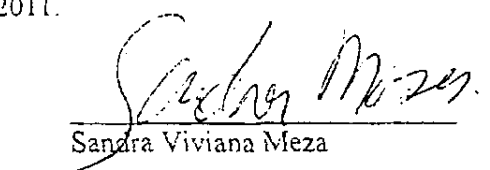
Manager: SANDRA VIVIANA MEZA
8069 NW 67TH STREET
MIAMI, FLORIDA 33166

Title: Name and Address

Manager: Edgardo Aurelio Nesossi
8069 NW 67TH STREET
MIAMI, FLORIDA 33166

IN WITNESS WHEREOF, the undersigned, has executed the foregoing articles of Organization as of the 15th day of November 2011.


Edgardo Aurelio Nesossi


Sandra Viviana Meza

(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).