

L12000024668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

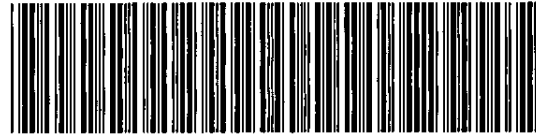
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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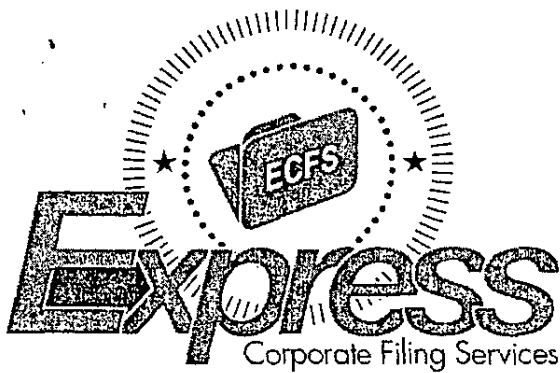
FEB 21 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 20 AM 9:01

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1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

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

1. iCroms USA 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 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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

ICROMS USA LLC

ARTICLE I

The name of the limited liability company is **ICROMS USA LLC**

ARTICLE II

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

7525 NE 3 Place
Miami, FL 33138

ARTICLE III

The purpose for which this Limited Liability Company is organized is any and all lawful business.

ARTICLE IV

The name and the Florida street address of the registered agent of the limited liability company is:

ARAGON REGISTERED AGENTS, INC.
255 Alhambra Circle
Suite 500
Coral Gables, FL 33134

Having been named as the 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.

Date: 2/17/12

Mayra Fernandez
Registered Agent's Signature

SECRETARY OF STATE
ALLAN ROSE, FLORIDA

2012 FEB 20 AM 9:01

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ARTICLE V

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

Title:

Name and Address:

Managing Member

Jaime Tarrazon Rodon
7525 NE 3 Place
Miami, FL 33138

Manager

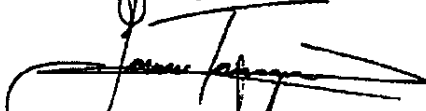
Jose Antonio Amoraga Rodriguez
7525 NE 3 Place
Miami, FL 33138


Manager


Jordi Alie Capdevila
7525 NE 3 Place
Miami, FL 33138

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.

Authorized Signee:


Jaime Tarrazon Rodon


Jose Antonio Amoraga Rodriguez


Jordi Alie Capdevila

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