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SECRETARY OF STATE

J. BRYAN

MAR 19 2012

**EXAMINER** 

### **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

SUBJECT: PROINTEC USA FLORIDA AGENCY 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:

LUIS A	GRAMUNT	Name of Person
		traine of reison
JURIS	MAGISTER	247 S. S. S
		Firm/Company
7928 F	AST DRIVE, SU	UITF 1204
	, 10 , D, 11 , D,	Address
NORTH B	AY VILLAGE, FL 33	3141
	Ci	City/State and Zip Code
		on the second of
	E-mail address: (to be used	d for future annual report notification)
LUIS AGRAMI	JNT e of Person	at (305) 7583866  Area Code & Daytime Telephone Number
14411	c of 7 craon	, trong code to isay time ( cooptions ; talloon)
Enclosed is a check	for the following amount:	
125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations P.O. Box 6327	Registration Section  S Division of Corporations Clifton Building

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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

# PROINTEC USA FLORIDA AGENCY LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

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

Principal Office	Address:	Mailing Address:		
	VE, SUITE 1204 _AGE. FL 33141			
(The Limited Liability	Registered Agent, Registered Company cannot serve as its own Registon n active Florida registration.)		dividual or another	
The name and the	e Florida street address of the ro	gistered agent are:	2012 HAR SECRET TALLAH	可
	LUIS AGRAMUNT			
ķ.	Name		ARY ASSE	m
	7928 EAST DRIVE, SU	JITE 1204	THE P	Ö
	Florida street addı	ress (P.O. Box NOT acceptable)	SE T	
	NORTH BAY VILLAGE	<sub>FL</sub> 33141	## <b>3</b>	
	City, Sta	te, and Zip	3.00	

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 gent as provided for in Chapter 608, F.S..

Registeron (gent's Signature (REQUIRED)

(CONTINUED)

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

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

"MCD" - Manager	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	CESAR CANEDO
	555 CAPITOL MALL SUITE 766
	SACRAMENTO CA 95814
MGR	RAMON IBANEZ  555 CAPITOL MALL SUITE 766  SACRAMENTO CA 95814  RAMON IBANEZ  555 CAPITOL MALL SUITE 766  SACRAMENTO CA 95814  EDUARDO ROMO  555 CAPITOL MALL SUITE 766  SACRAMENTO CA 95814
	555 CAPITOL MALL SUITE 766
	SACRAMENTO CA 95814
MGR	EDUARDO ROMO FIG. 3
	555 CAPITOL MALL SUITE 766
	SACRAMENTO CA 95814
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CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a menuscript of the date of the date of the date of filing.	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a menuty of the date of a menuty of the date of the date of filing.	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee