

# L12000059473

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

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**FLORIDA LIMITED LIABILITY CO.  
CORPORACION ADUANAL SAMGER, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

**C. LEWIS**  
MAY -3 2012  
**EXAMINER**

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*H/12 0001213483.*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF

**CORPORACION ADUANAL SAMGER, LLC.**

ARTICLE I - NAME

The name of the Limited Liability Company is:

**CORPORACION ADUANAL SAMGER, LLC.**

ARTICLE II - ADDRESS

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

**1471 NW 159 AVE  
PEMBROKE PINES, FL. 33028**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:

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

**SAMUEL CASTRO**

**1471 NW 159 AVE**

Florida street address ( P.O.BOX NOT acceptable)

**PEMBROKE PINES, FL. 33028**

City, State, and Zip

**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**

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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 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

## ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

SAMUEL CASTRO  
1471 NW 159 AVE  
PEMBROKE PINES, FL. 33028

MANAGER

GERALDO RUIZ  
1471 NW 159 AVE  
PEMBROKE PINES, FL. 33028

MANAGER

(An additional article must be added if an effective date is requested)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Signature of a 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.)

SAMUEL CASTRO

Typed or printed name of signee

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