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J. SAULSBERRY EXAMINER MAY 17 2012

COVER LETTER

·TO:

Registration Section

Division of Corporations
SUBJECT: Cadamex Group 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:
Conzolo Cadaviaca
Gonzalo Cadavieco Name of Person
Cadamex Group
Firm/Company
6388 Amberwoods Dr
Address
Boca Raton, Fl 33433
City/State and Zip Code
cadaviecogg@gmail.com
For further information concerning this matter, please call:
For further information concerning this matter, please call: Gonzalo Cadavieco at (954) 822 6948
Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number REAL STATES OF THE
\$125.00 Filing Fee \$\ \$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	Ι-	- Na	me
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The name of the Limited Liability Company is:

Cadamex Group 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:
6388 Amberwoods Dr Boca Raton, FL 33433	6388 Amberwoods Dr Boca Raton, FL 33433

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

	or the registered agent are.	5	<u></u>	
Gonzalo Cadav	ieco		20121	
	Name	HAREI HAREI	MAY	1
6388 Ambe	rwoods Dr	TARÝ NSSE	16	-
Florida s	street address (P.O. Box NOT acceptable)		233	П
Boca Raton	_{FL} 33433	دی بیانا	<u> </u>	
	City, State, and Zip	TATE ORIDA	02	

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 (REQUIRED)

(CONTINUED)

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

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

MGRM	Gonzalo Cadavieco	
	6388 Amberwoods Dr	
	Boca Raton, FL 33433	
		SECRETA
		<u> </u>
(Use attachment if necessary)		OF STATE OF
LE V: Effective date, if other than th	e date of filing:	श्रका प्रसिद्धि स्रा

REQUIRED SIGNATURE:

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. 1 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.)

(20) (a da Typed or printed name of signee

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)