

L12000072013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

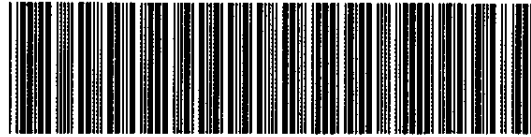
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/29/12--01055--006 **130.00

Effective Date 05/29/12

FILED
2012 MAY 29 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 30 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTEGRAL CONTAINER LINE 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:

OSCAR ALEJANDRO ZINGONI
Name of Person

Firm/Company

P.O. BOX 227653
Address

Address

DORAL, FL 33222
City/State and Zip Code

City/State and Zip Code

jreytor@yahoo.com
E-mail address: (to be used for future annual report notification)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN REYTOR
Name of Person

at **(786) 4937085**
Area Code & Daytime Telephone Number

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTEGRAL CONTAINER LINE LLC

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

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ARTICLE II - Address:

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

Principal Office Address:

9411 Fontainebleau Blvd #212
Miami FL 33172

Mailing Address:

P.O. BOX 227653
DORAL FL 33222

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.)

Effective Date 05/29/12

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

OSCAR ALEJANDRO ZINGONI

Name

9411 Fontainebleau Blvd #212

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

Miami FL 33172

City, State, and Zip

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

OSCAR ALEJANDRO ZINGONI
9411 FONTAINEBLEAU BLVD #212
MIAMI FL 33172

MGRM

ALEJANDRO MATIAS DI PASQUALE
9411 FONTAINEBLEAU BLVD #212
MIAMI FL 33172

MGRM

VERONICA NOEMI TEAR
9411 FONTAINEBLEAU BLVD #212
MIAMI FL 33172

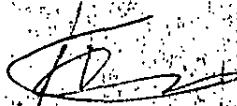
MGRM

JUAN REYTOR
9411 FONTAINEBLEAU BLVD #212
MIAMI FL 33172

(Use attachment if necessary)

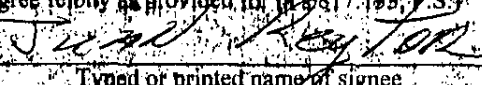
ARTICLE V: Effective date, if other than the date of filing: 06/29/2012 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I 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.)



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)

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