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

From:
Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302) 531-0855
Fax Number : (850) 656-7953

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
12 JUN -4 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
International Replacements & Service LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FILED
12 JUN -4 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD
Electronic Filing Menu Corporate Filing Menu Help

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

INTERNATIONAL REPLACEMENTS & SERVICE LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Calle Este 2, Manzana B Local comercial
no 05 URB Roraima Turnero
Aragua Venezuela 2115

Mailing Address:

19 W. 34th Street, Ste 1018
New York, NY 10001

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:

Incorporating Services, Ltd.

Name

1540 Glenway Drive

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

Tallahassee

FL 32301

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.

Karen E. Gollitt, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

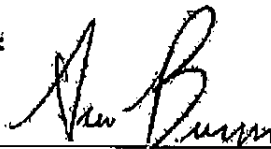
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMJuan Miguel LuisAv Las Delicias Edif Res Galaxia Piso 5 Apto 5cURB Andres Bello Maracay, Aragua Venezuela 2115______________________________

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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. 817.135, F.S.)

Sean BurgessTyped or printed name of signer