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(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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SLUKETAKY OF STATE
ALLAHASSEE, FI BRIGA

## **COVER LETTER**

**Registration Section** 

TO:

Division of Corporation	ons	•	
SUBJECT: NEW Breed	MUTHMEDIA	<u> </u>	
	Name of Limited	Liability Compan	y
The enclosed Articles of Organi	zation and fee(s) are sul	bmitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
		ndrés Puente	es
	N	ame of Person	
New Breed MUI	timedia	METALEC	
<b>-</b>		irm/Company	
	4300	S.W. 139 Ave	enue
	<del>.</del>	Address	
	Mir	amar, Florida	33027
		State and Zip Code	0002.
	andres	spuentesis@h	notmail.com
		-	t notification)
For further information concern	ing this matter, please c	ali:	
Andres D. P.	ientes :	at (786)	398-0456 & Daytime Telephone Number
Name of Person	1	Area Code &	& Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:		
	.00 Filing Fee & [tificate of Status	\$155.00 Filing Certified Copy (additional copy	y Certificate of Status &
Regis Divis P.O.	ing Address stration Section sion of Corporations Box 6327 thassee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporations

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	any is:
New Breed MUHimedia  (Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address or	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4300 S.W. 139 Avenue	Same
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its over business entity with an active Florida registration.)  The name and the Florida street address of the server and the server	
André	Name Name Name Name
	Name HAX 3
	treet address (P.O. Box NOT acceptable)
· · · · · · · · · · · · · · · · · · ·	treet address (P.O. Box NOT acceptable)  Miramar FL 33027  City, State, and Zip
liability company at the place designal registered agent and agree to act in this statutes relating to the properland compacted the obligations of my position Registered Agent	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as expacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S  S Signature (REQUIRED)

Page 1 of 2

.... Fr. 1.

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager	Andrés D. Puentes 4300 S.W. 139 Avenue Miramar, Florida 33027
Managing Member	Adrián Puentes 4300 S.W. 139 Avenue Miramar, Florida 33027
(Use attachment if necessary)	
RTICLE V: Effective date, if other than If an effective date is listed, the date must or 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:  Signature of a me	mber or an authorized representative of a member.
constitutes an affirmation t I am aware that any false in	a 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State belony as provided for in s.817.155, F.S.)

Filing Fees:

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

Andrés D. Puentes

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee