

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H12000197353 3)))



H12000197353ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.  
Account Number : 076624003440  
Phone : (305) 444-6226  
Fax Number : (305) 442-4829

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

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**INVEPACA LLC.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

RECEIVED  
12 AUG -3 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 AUG -3 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H12000197353 3

FILED:

12 AUG -3 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAARTICLES OF ORGANIZATIONOFINVEPACA LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I  
NAME

The name of this Limited Liability Company is: INVEPACA LLC.

ARTICLE II  
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III  
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV

The principal office and mailing address of this Limited Liability Company in the State of Florida is 717 PONCE DE LEON, SUITE 320, CORAL GABLES, FL 33134. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V  
REGISTERED OFFICE, REGISTERED AGENT

That INVEPACA LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

H12000197353 3

ARTICLE VI  
MANAGEMENT

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

ENRIQUE ANTONIO CROES of  
6602 SW 56TH STREET, MIAMI, FL 33155

WITNESS the hand and seal of the Manager in Coral Gables, Florida, the 3<sup>rd</sup> day of August, 2012.



Enrique Antonio Croes

H12000197353 3

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

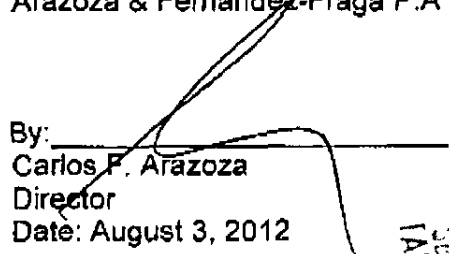
In compliance with Section 48.091, Florida statutes, the following is submitted:

**FIRST:** That INVEPACA LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named Arazoza & Fernandez-Fraga P.A. as its Agent, of 2100 Salzedo Street, Suite 300, Coral Gables, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent

Arazoza & Fernandez-Fraga P.A

By:   
Carlos F. Arazoza  
Director  
Date: August 3, 2012

FILED  
12 AUG -3 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA