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B. BOSTICK SEP 1 8 2012 **EXAMINER** 

## **COVER LETTER**

	istration Section sion of Corporations		
SUBJECT:	C-VAP USA LLC Name of Limited Liability Company		
	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:		
	Nicholas Alexander		_
	Name of Person		
	Campose Trading, Ins.		_
	Time Company		
	1221 NW 165th Street		_
	Miami, FL 33169 City/State and Zip Code	<u> </u>	- <del>Z</del>
	City/State and Zip Code		SE
	nicky @ camrosetrading.com  E-mail address: (to be used for future annual report notification)	<del>- 57 -</del>	
		유. -	~
For further in	formation concerning this matter, please call:	-::	E
Nicholo	Name of Person at (365) 591-1948  Area Code & Daytime Telephone Number	LAUGSEL FLORD	12 SEP 17 PH 1:57
	Name of Person Area Code & Daytime Telephone Number	√g),7#r	
Enclosed is a	a check for the following amount:		
\$125.00 Filin	g Fee \$\int \text{\$130.00 Filing Fee & Certified Copy} \text{\$Certified Copy (additional copy is enclosed)} \text{\$Certified Copy (additional copy is enclosed)} \text{\$Certified Cop (additional copy} \text{\$Certified Copy}	Status &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:			
C-VAP USA, (Must end with the words "Limited Liabili		LC.")	-
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Li	mited Liability (	Company is:
Principal Office Address:	Mailing Address:		
90 Edgewater Dr Apt 1022	"	~ <	
Gorge Gables FL 73/33		\\	- -
business entity with an active Florida registration.)  The name and the Florida street address of the result of th	-	X.C.	를 <b>로</b>
Name	, , , , , , , , , , , , , , , , , , , ,	<del></del>	1) SE
JUAN CARL Name 7270 SW	88th Street		12 SEP 17 PH
	ress (P.O. Box NOT accep	table)	· · · · · · · · · · · · · · · · · · ·
Miami	FL 3315 6 te, and Zip	<u>.</u>	
City, Star	te, and Zip	<u> </u>	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	nis certificate, I hereby . I further agree to con formance of my duties,	accept the appoin nply with the pro and I am familio	tated limited ntment as visions of all ar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Nicholas Alexander  90 Edgewater Dr Apt 102:  Coral Gables, FC 33/33
MGRM	Brian Cooper  200 Progress Drive  Russell Springs, KY 42
	(1) (2) (3) (3) (4) (4) (4) (4)
(Use attachment if necessary)	

**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.)

Nicholas Alexander
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)