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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

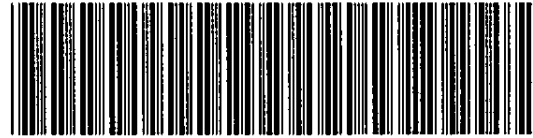
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T. CLINE

OCT -5 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2012

LUIS FERNANDEZ, ESQ.  
2250 S.W. 3RD AVENUE, SUITE 303  
MIAMI, FL 33129

SUBJECT: A.I.M.P.U.S. LLC (AMERICAN INSTITUTE MINERAL PROCESSING  
LLC)  
Ref. Number: W12000049681

We have received your document for A.I.M.P.U.S. LLC (AMERICAN INSTITUTE MINERAL PROCESSING LLC) and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one name can be listed in article I. Please correct and resubmit your document.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 812A00024127

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: A.I.M.P.U.S. 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:

Luis Fernandez, Esq.

Name of Person

Luis Fernandez P.A.

Firm/Company

2250 S.W. 3rd Avenue Suite 303

Address

Miami, FL 33129

City/State and Zip Code

Lfernandezlaw@aol.com

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

For further information concerning this matter, please call:

Luis Fernandez

Name of Person

at ( 305 ) 854-5955

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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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

A.I.M.P.U.S. LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

7291 N.W. 43rd Street

Miami, FL 33166

#### Mailing Address:

7291 N.W. 43rd St.

Miami, FL 33166

### 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:

Luis Fernandez

Name

2250 S.W. 3rd Ave. Suite 303

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

Miami

FL 33129

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..*

Luis Fernandez

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:**

Manager

Jose V. Pavon

7291 N.W. 43rd St.

Miami, FL 33166

Managing Member

Carl Magnus Evertsson

Chalmers Univ. Tech., SE 412 96

Goteborg, Sweden

Managing Member

Katrina ~~Pavon~~ **STREHL**

1510 Bay Road Unit 202

Miami Beach, FL 33139

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 24th, 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.)

Jose V. Pavon, Manager

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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