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.

(((H12000259299 3)))

Note: DO NOT hit the REFRESH/RELIOAD 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 : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : I20000000019

Phone : (3|05)552-5973

Fax Number : (305)220-1440

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

Email	Address	:
-------	---------	---

## FLORIDA LIMITED LIABILITY CO. C.V.D.S. INTERNATIONAL BROKERS L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 3 1 2012

=XAMINER

10/00/4014 0:02.20 Mg FAG

October 30, 2012

#### FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE Division of Corporations

SUBJECT: C.V.D.S. INTERNATIONAL BROKERS L.L.C.

REF: W12000055261

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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 FAX Aud. #: H12000259299 Letter Number: 712A00026466

RECEIVED

2 OCT 30 AN 10: 3

ECRETARY DESTAIL

# H12000259299

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

acceptable of except description from the		ччд
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
the name of the Lumbed Elability Company is.	•	
CVD S THERMAN	Goodene 110	•
C.V.D.S INTERNATIONAL (Must end with the words "Limited Liabi	Unicons "I I C To "I I C "	
(Must end with the words "Limited Liabi	mry Company, L.L.C., or LLC.	
ADTIGUE II A A A		
ARTICLE II - Address:	a a semi dise y a di gis a giaga, da	
The mailing address and street address of the p	rincipal office of the Limited Liability Compan	iy is:
•	•	
Principal Office Address:	Mailing Address:	
1717 North BoyshaRE Rd. Suite	A-2548	
WIAMI, FL 33134	SOME	
	<i>™</i> ⇔	2113
		=
ARTICLE III - Registered Agent, Registere	d Office & Registered Agent's Signature:	2
(The Limited Liability Company cannot serve as its own Regis	istered Agent. Von must designate an individual or another	<u></u> i
business entity with an active Floride registration.)	The second	္ဆ
<u> </u>	rá≺	0
The name and the Florida street address of the	registered agent are:	<u> </u>
•	, · · · · · · · · · · · · · · · · · · ·	_iC
ESTEVIA VET	TOUT	Ô
Name	•	<b>45</b> 3

1717 N BaySHORE Pd. Suite A-2548
Florida street address (P.O. Box NOT acceptable)

7例14m1 FL 3318リ 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

H12000259299

# H12000259299

tr Joing Mamber	Name and Address:
	DOUGLAS S. SHAW 1717 N. BAYGHORE RO. SHE A. 254
·	ESTELLA VETRANO 1717 N. BAYSHORE Rd. STE A. 2548
_	MIUMI FL 33134  JOSEPH A. VETIZANO.  1717 N. 180YShORERD. STEP 2548  MIAMI FJ. 83134
_	F CC
f necessary)	CRETA
late, if other than t	he date of filing: (OFFIONAE) t be specific and cannot be more than five business days prior
	f necessary)

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 penjury

ESTEALD VETRANO
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2