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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.
ARQUIVIAS GREEN USA, LLC

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Corporate Filing Menu

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K. SALY
EXAMINER
FEB 27 2013



February 25, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: ARQUIVIAS GREEN USA, LLC
REF: W13000011015

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.

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Karen A Saly
Regulatory Specialist II

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#4785 P.002/005



February 26, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: ARQUIVIAS GREEN USA, LLC
REF: W13000011015

We have received your document for ARQUIVIAS GREEN USA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Karen A Saly
Regulatory Specialist II

FAX Aud. #: H13000042231
Letter Number: 913A00004543

P.O BOX 6327 - Tallahassee, Florida 32314

H13000042231

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Amityas Green USA, 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:8333 N.W. 53rd Street, Suite 450Doral, FL 33166**Mailing Address:**8333 N.W. 53rd Street, Suite 450Doral, 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:

Betina Rodriguez Aguilera

Name

8333 N.W. 53rd Street, Suite 450Florida street address (P.O. Box NOT acceptable)Doral, FL 33166

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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.



(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:

MGRM

JAZMIN ARACELI LUGO ALVAREZ

8333 N.W. 53rd Street, Suite 450

DORAL FL 33166

MGRM

FRANCISCO RUIZ MENDIETA

8333 N.W. 53rd Street, Suite 450

DORAL FL 33166

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

JAZMIN ARACELI LUGO ALVAREZ

Typed or printed name of signer

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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