

08/08/2031 04:01

#0062 P.001/003

**L13000214873A1**

**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.**

(((H13000214877 3)))



H130002148773A800

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

RECEIVED  
13 SEP 26 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SEP 27 2013

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)220-1440

**L SELLERS**

**\*\*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.  
JUSQUIN SA LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
13 SEP 26 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H13000214877

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

The name of the Limited Liability Company is:

JUSQUIN SA LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**14335 SW 120 ST STE 211  
Miami FL 33186**Mailing Address:**14335 SW 120 ST STE 211  
Miami FL 33186**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

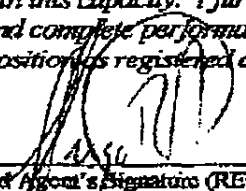
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GENERAL CONSULTING SERVICES GROUP CORP.  
Name14335 SW 120 ST STE 211Florida street address (P.O. Box **NOT** acceptable)Miami FL 33186

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

H13000214877

H13000214877

**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

MGR**Name and Address:**

CARLOS R PERA  
14335 SW 120 ST STE 211  
Miami FL 33186

(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.)

CARLOS R PERA

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)

Page 2 of 2

H13000214877