

L14 000092683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

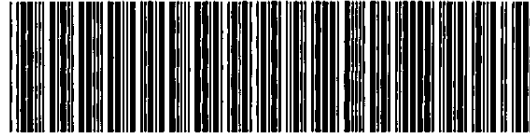
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/04/14--01025--019 **160.00

2014 JUN 14 PM 9:51
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

USA CARIB Imports & Trading LLC

FITZROY William DELISSER

: Physical AAA

2228 N.W. 171 TERRACE

Pembroke Pines, FL. 33028

954-670-3171

USACARIB Imports & Trading LLC

: mailing Add.

FITZROY William DELISSER

P.O. Box 823291

Pembroke Pines, FL. ³³⁰⁸²~~33028~~ A.

954-670-3171

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: USA CARIB IMPORTS & TRADING 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:

FITZROY William DELISSER

Name of Person

USACARIB IMPORTS & TRADING LLC

Firm/Company

2228 N.W. 171 TERRACE

Address

PEMBROKE PINES, FLORIDA 33028

City/State and Zip Code

usacaribinvest@comcast.net

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

For further information concerning this matter, please call:

FITZROY W. DELISSER at (954) 670-3171

Name of Person

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

USA CARIB IMPORTS & TRADING 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:

28 USA CARIB IMPORTS & TRADING LLC
2228 NW 171 TERR.
PEMBROKE PINES, FLORIDA 33028

Mailing Address:

USA CARIB IMPORTS & TRADING LLC
P.O. BOX 823291
PEMBROKE PINES, FLORIDA 33082

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:

FITZROY WILLIAM DELISSER

Name

2228 NW 171 TERRACE

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

PEMBROKE PINES

City

FL

33028

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 605, F.S..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

PRESIDENT

Name and Address:

FITZROY William Delisser
2228 NW 171 TERRACE
PEMBROKE PINES, FLORIDA 33028

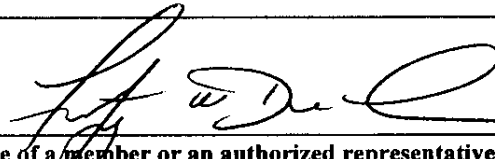
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/16/14 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

FITZROY William Delisser

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)

14 JUN -4 AM 9:51
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA