

Division of Corporations

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To:

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

From:

Account Name : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305) 828-1148
Fax Number : (305) 828-1709

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
INDUSTRIA BLAME, C.A. L.L.C.

FLORIDA LIMITED LIABILITY CO. INDUSTRIA BLAME, C.A. L.L.C.

Certificate of Status	0
Certified Copy	0
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October 31, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLANCO ACCOUNTING

SUBJECT: INDUSTRIAL BLAME, C.A. L.L.C.
REF: W14000066223

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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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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.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H14000253881
Letter Number: 314A00023329

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

The name of the Limited Liability Company is:

INDUSTRIA BLAME, C.A. L.L.C.

(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:**Mailing Address:**2401 WEST 72 STREET SUITE 1
HIALEAH FL 33016**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:

BLANCO ACCOUNTING LLC

Name

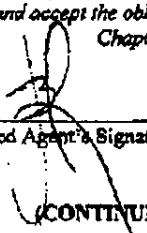
2401 WEST 72 STREET SUITE 1Florida street address (P.O. Box **NOT** acceptable)HIALEAH

City

FL 33016

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 603, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**BLANCA MIRELEINA MEZA DE EYRICH2401 WEST 72 STREET SUITE 1HIALEAH FL 33016-1702MGRENRIQUE LOTHAR EYRICH SANTROCK2401 WEST 72 STREET SUITE 1HIALEAH FL 33016-1702MGROMAR ALBERTO CARDENAS MEZA2401 WEST 72 STREET SUITE 1HIALEAH FL 33016-1702MGRCARLOS MARTIN MEZA NIETO2401 WEST 72 STREET SUITE 1HIALEAH FL 33016-1702

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/29/2014 (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) (5), 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.817.153, F.S.)

BLANCA MIRELEINA MEZA DE EYRICH

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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