

L14000182278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

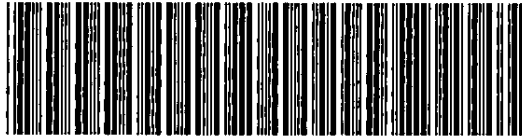
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EFFECTIVE DATE

11/14/14



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11/17/14--01029--008 **130.00

CLERK OF STATE
ALACHUA COUNTY, FLORIDA

2014 NOV 17 PM 2:25

FILED

NOV 25 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CELANOVA USA GROUP 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:

JULIO C. ALVAREZ

Name of Person

Firm/Company

1341 Majesty Terrace

Address

WESTON, FLORIDA 33327

City/State and Zip Code

HCBCLLC@YAHOO.COM

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

For further information concerning this matter, please call:

Carlos A. Gutierrez

Name of Person

at (954)

Area Code

292-6217

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CELANOVA USA GROUP 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:

Mailing Address:

1341 MAJESTY TERRACE
WESTON FLORIDA 33327

1341 MAJESTY TERRACE
WESTON FLORIDA 33327

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:

HEALTHCARE BUSINESS CONSULTANTS LLC

Name

15522 FIORENZA CIRCLE

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

DELRAY BEACH

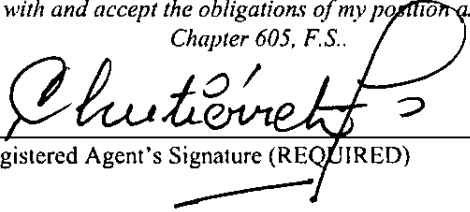
FL

33446

City

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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EFFECTIVE DATE 11/14/14

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TALLAHASSEE, FLORIDA

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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

AMBR

Name and Address:

JULIO C. ALVAREZ

1341 MAJESTY TERRACE

WESTON FLORIDA 33327

MGR

GLADYS C. BLANCO

1341 MAJESTY TERRACE

WESTON FLORIDA 33327

MGR

CESAR D. ALVAREZ

1341 MAJESTY TERRACE

WESTON FLORIDA 33327

MGR

GABRIELA DE J. ALVAREZ

1341 MAJESTY TERRACE

WESTON FLORIDA 33327

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/14/2014 (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.

The company will be engage in any legal and permitted business, that includes, import export, acquiring
other businesses or franchises, variety of services including transportation and maintenace that involve
mechanical work.

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.817.156, F.S.)

[Signature]
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)

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TALLAHASSEE FLORIDA

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