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.

Electronic Filing Cover Sheet

(((H15000039889 3)))



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

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Fax Number

Phone

: (305)675-5944

\*\*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. **IEB USA LLC**

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

FEB 1 7 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Lial	bility Company
Principal Office Address:	Mailing Address:	
(040 ATLANTA ST HOLLYWXXXX FL 330ZI	same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	l Office, & Registered Agent's stered Agent. You must designate an individual	Signature: ual or mother
The name and the Florida street address of the r	registered agent are:	<b></b>
HENRY VELI	ASCO	FB F
CO40 ATLAN	VIA ST dress (P.O. Box NOT acceptable)	
HOLLYWOOD	FL 33021 ate, and Zip	9: 20
Having been named as registered agent and to	accept service of process for the a	bove stated limit

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)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		·
MGRM, P)	LUIS A. C. GYO ATLA HOLLYWOO	NIA STREET	LASQU
MGR_	JAIME AL 1040 ATLAN HOLLYWO	PERTO BLAN	4DON 1
MGR	JAVIER A IDUO ATLA HOLLYWOO	LFREDO GOY NTA STREET OD FL 33024	EZ.
	,		
(Use attachment if necessary)		$\varepsilon_{\ell}$	
CLE V: Effective date, if other the effective date is listed, the date medians after the date of filing.)  REQUIRED SIGNATURE:	an the date of filing:	, (OPTION more than five business d	
Signature of a	member or an authorized represe	ntative of a member.	g≍ <b>.e</b>
i em aware that any fels	ion 605 Florida Statutes, the on under the penalties of perjury that is information submitted in a docume felony as provided for in s.817.15	ont to the Department of State	20