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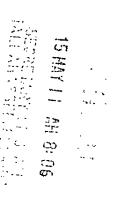
(Requestor's Name)
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P WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
to Filing Officer:

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4. Statuers MAY 1 5 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Exopri 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:
JESUS D. CARVALHO Name of Person
Exopri LLC Firm/Company
Po Box # 880 115 Address
Port St Lucie, FL, 34988 City/State and Zip Code
E-mail address: (to be used for future amount report notification)
E-mail address: (to be used for future armual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
M. IV A. Eduson

Malling Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Expori 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	ne Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
11118 SW Olmstead Drive	PO Box # 880 115	
Port St Lucie, FL 34987	Part St Lucie, FL 34988	- -
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	ered Agent's Signature:	
The name and the Florida street address of the registered agent are	e:	
JESUS CAR	JALHO	
11118 SW Olmst		
Florida street address (P.O. Bo	ox NOT acceptable)	
Port St Lucie	FL 34987	
City Stat	teZip	
Having been named as registered agent and to accept service of proceeding place designated in this certificate, I hereby accept the appointment at further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as register	as registered agent and agree to act in this capacity the proper and complete performance of my duties,	y. 1
Λ		
Pagistared Agen	nt's Signature (REQUIRED)	· (3)
Registered Agen	it's Signature (REQUIRED)	77 35
(CONT	TNUED)	
Page	gel of 2	6. 6. 7.
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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	JESUS CARVALHO
	Port St Lucie, FL 34987
AMBR.	JESUS (ARVALHO
	Poxt st Lucie, FL 34987
	 ·
27 T	•
ective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
EV: Effective date, if other than the defective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 days to meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does no ment's effective date on the Department. EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days to meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date certive date is listed, the date must be of filing.) If the date inserted in this block does no ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days to meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date date is listed, the date must be of filing.) If the date inserted in this block does no ment's effective date on the Department. LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a in the date of the date of the date inserted in this block does not ment's effective date on the Department. Signature of a in the date must be constituted an affirmation of the date of the dat	specific and cannot be more than five business days prior to or 90 days to meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date date is listed, the date must be of filing.) If the date inserted in this block does no ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a secondance with seconstitutes an affirmat I am aware that any faconstitutes a third degree.	member or an authorized representative of a member. Section 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Is information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date date is listed, the date must be of filing.) If the date inserted in this block does no ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a secondance with seconstitutes an affirmat I am aware that any faconstitutes a third degree.	t meet the applicable statutory filing requirements, this date will not be not of State's records. member or an authorized representative of a member. Section 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Its information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)

ARTICLE IV-