

6/4/2015

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H15000133308 3)))



H150001333083ABCY

**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 : ARAZOZA & FERNANDEZ-FRAGA P.A.  
Account Number : 076624003440  
Phone : (305)444-6226  
Fax Number : (305)442-4829

**\*\*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.  
CARIBBEAN BUSINESS REPORT, LLC

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

RECEIVED  
15 JUN -4 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
15 JUN -4 PM 12:21  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*K* 06/05/15

#15000133308 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUN -4 PM 12:21

**ARTICLES OF ORGANIZATION**  
**OF**  
**CARIBBEAN BUSINESS REPORT LLC**

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

**ARTICLE I**  
**NAME**

The name of this Limited Liability Company is CARIBBEAN BUSINESS REPORT LLC.

**ARTICLE II**  
**GENERAL NATURE OF BUSINESS**

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE III**  
**TERM OF EXISTENCE**

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

**ARTICLE IV**  
**ADDRESS**

The principal office and mailing address of this Limited Liability Company in the State of Florida is 2100 SALZEDO STREET, SUITE 201, CORAL GABLES, FL 33134. The Board of Managers may from time to time move the principal office to another address in Florida.

**ARTICLE V**  
**REGISTERED OFFICE, REGISTERED AGENT**

That CARIBBEAN BUSINESS REPORT LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

H15000133308 3

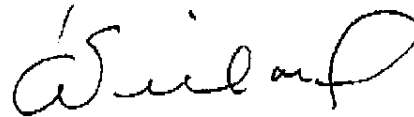
ARTICLE VI  
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The Initial Managers/Officers shall be:

Manager / President  
Arturo Villar, of  
c/o 2100 Salzedo Street, Suite 201  
Coral Gables, FL 33134

Manager / Secretary  
Emilio Sanchez, of  
c/o 2100 Salzedo Street, Suite 201  
Coral Gables, FL 33134

WITNESS the hand and seal of the Manager/President in Miami-Dade County, State of Florida, the 1<sup>st</sup> day of June, 2015.



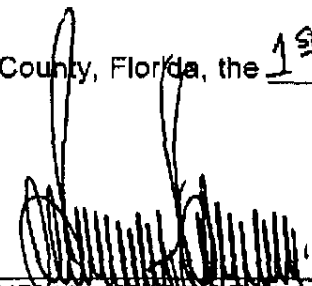
Arturo Villar  
Manager/President

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUN -4 PM 12:21

STATE OF FLORIDA                    )  
  ) SS:  
COUNTY OF MIAMI-DADE        )

PERSONALLY appeared before me, ARTURO VILLAR as Authorized Person for CARIBBEAN BUSINESS REPORT LLC, who is personally known to me, who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida, the 1<sup>st</sup> day of June, 2015.

  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE

My commission expires:

H15000133308 3

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

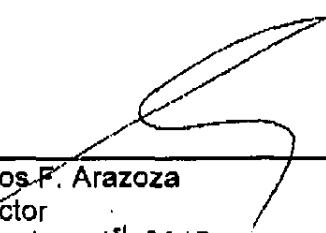
In compliance with Section 48.091, Florida statutes, the following is submitted:

**FIRST:** That **CARIBBEAN BUSINESS REPORT LLC**, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named **Arazoza & Fernandez-Fraga P.A.** as its Agent, of 2100 Salzedo Street, Suite 300, Coral Gables, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent

**Arazoza & Fernandez-Fraga, P.A**

By:   
Carlos F. Arazoza  
Director  
Date: June 1<sup>st</sup>, 2015

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUN -4 PM 12:21