10/29/2015

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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.**
**Arvemar 011 International, LLC**

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October 30, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BARINAS & ASSOCIATES INC.

,

SUBJECT: ARVEMAR 011 INTERNATIONAL, LLC
REF: W15000071866

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.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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Jessica A Fason
Regulatory Specialist II

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Letter Number: 915A00023002

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

AEVEMAR 012 INTERNATIONAL 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: |
|---|---|
| 9472 NW 12 ST<br>DORAL, FL 33172 | |

**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:

DANIEL A SALAS
Name

10994 NW 78th TERR
Florida street address (P.O. Box NOT acceptable)

DORAL FL 33178
City State 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.*

X
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---|---|
| MGRM | ANTONIO ARVELO VALERO<br>9473 NW 12 ST<br>DORAL, FL 33172 |
| MGRM | NANCY MARCANO DE ARVELO<br>9473 NW 12 ST<br>DORAL, FL 33172 |
| MGR | DANIEL A SALAS<br>10254 NW 78th TERR<br>DORAL, FL 33178 |
| | |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: _____ (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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

_____

**REQUIRED SIGNATURE:**

X _____

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.817.155, F.S.)

DANIEL A SALAS
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)