

10/25/2033

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P.002/004

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (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.
EXIMPCORP LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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15 DEC 15 AM 10:55

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December 14, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

*****FAX FILE*****

SUBJECT: EXIMPCORP LLC

REF: W15000080190

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 submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

There are dark smudges in the back ground of the document which makes the wording illegible.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tina D Cannon
Regulatory Specialist II

FAX Aud. #: E15000293285
Letter Number: 615A00026070

10/25/2038 07:50

12/14/2015 4:15PM FAX 30538/4088+++ J N U ACCOUNTING SERV

#2900 P.003/004

00001/0003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXIMPCORP 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:

304 INDIAN TRACE SUITE 455
WESTON, FLORIDA 33326

304 INDIAN TRACE SUITE 455
WESTON, FLORIDA 33326

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:

VANESSA MICHELANGELO DAGNINO

Name

304 INDIAN TRACE SUITE 455

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

WESTON

FLORIDA

33326

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.

®

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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12/14/2013 4:16PM FAX 3053874088++ J & U ACCOUNTING SERV

#2900 P.004/004

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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:

CLAUDIO RIVAS SOSA

304 INDIAN TRACE SUITE 455

WESTON, FLORIDA 33326

AMBR

VANESSA MICHELANGELO DAGNINO

304 INDIAN TRACE SUITE 455

WESTON, FLORIDA 33326

(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:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.317.155, F.S.

VANESSA MICHELANGELO DAGNINO

Typed or printed name of signer

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