

04/08/2016 13:45

022/14/0

LAZARUS

017/0

L16000069458

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.

((H16000088032 3)))



H160000880323ABC

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)617-6381

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.
C&C COMMERCE, LLC**

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

RECEIVED

16 APR -8 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 APR -8 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

[Handwritten signature]

H16000088032

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

C&C Commerce, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

15605 SW 23rd LN
Miami, FL 33185

Mailing Address:

15605 SW 23rd LN
Miami, FL 33185

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered replace agent are replaced

Carlos Daniel Cortesi

15605 SW 23rd LN
Miami, FL 33185

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.

Carlos Daniel Cortesi


Registered Agent's Signature

(CONTINUED)
Page 1 of 2

H16000088032

FILED
15 APR 8 PM 1:50
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED

16 APR -8 PM 1:50

H16000088032

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:


MGR

ANDRES FELIPE CARDONA

MGR

CARLOS DANIEL CORTESI

REQUIRED SIGNATURE:


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.)

Carlos Daniel Cortesi

Typed or printed name of signee

H16000088032