

lote: Please print this page and use it as a cover sheet. Type the fax audic number (shown below) on the top and bottom of all pages of the document,

(((H16000147664 3)))



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

: (305)552-5973

Phone

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. LATAM NETWORK GROUP LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



TUN 1 7 2016

T SCOTT

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

LATAM METWORK	GROUD LLC.
	ability 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:
12891 SW 45 TH DR MIRAMAN FL 33027.	12891 3W 45 tH DD.

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:

LEON	BUNN	E 4.			
	Name				
12891		45+			
Florida street add	ress (P.O.	Box <u>NOT</u>	accer	otable)	
Miramar	<u></u>	FL_		<u>330</u>	27
Cit	y		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 665, F. S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

# H16000147664

Titles "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	<u>Veronica</u> Andrea Gatica Mo
(Use attackment if necessary)	
KCLE V: Effective date, it other than the date : • effective date is listed, the date must be apo	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
effective date is listed, the date must be aposite of filing.)  If the date inserted in this block does not no comment's effective date on the Department (	nest the applicable statutory filing requirements, this date will not be listed as
effective date is listed, the date must be apo to of filing.)  If the date inserted in this block does not no ocument's effective date on the Department (	nest the applicable statutory filing requirements, this date will not be listed as
effective date is listed, the date must be aposts of filing.)  If the date inserted in this block does not us becament's effective date on the Department of CLE VI; Other provisions, if any.  REQUIRED SECNATURE:	ecific and cannot be more than five business days prior to or 90 days after nest the applicable statutory filing requirements, this date will not be listed as of State's records.

Page 2 of 2