

Division of Corporations

Division of Corporations
Electronic Filing Cover Sheet

112982

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.

((H16000164167 3)))



H160001641673ABC%

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 : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

16 JUL -7 PM 3:40

FLORIDA LIMITED LIABILITY CO.
WARP ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

JUL 8 2017
S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

H16000164157

**ARTICLES OF ORGANIZATION
OF**

WARP ENTERPRISES, LLC

The undersigned, as a member or an authorized representative of a member of the Company pursuant to Chapter 605.0201, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named,
WARP ENTERPRISES, LLC

ARTICLE I.

NAME

The name of the Limited Liability Company shall be **WARP ENTERPRISES, LLC**

16 JUL - 7 AM 9:46
H16000164157

ARTICLE II.

ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company shall be 4130 NW 79 Avenue, Doral, FL 33166.

ARTICLE III.

DURATION

The period of duration for the Limited Company shall be perpetual.

H16000164157



ARTICLE IV.
PURPOSE OF ORGANIZATION

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purposes permitted under Chapter 605.0201 of the Florida Statutes, as amended from time to time, and for any and all other applicable or governing laws of the State Of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.


ARTICLE V.
MANAGEMENT

This Limited Liability Company shall be managed by one Authorized Member and the name and address of the Authorized Member is:

Andrea Virginia Martinez, 4130 NW 79 Avenue, Doral, Fl 33166

ARTICLE VI.
ADMISSION OF NEW MEMBERS

Unless otherwise herein specified, new Members shall be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the total existing ownership interest each Member has in the Limited Liability Company. No individual Member and/or Authorized Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.



ARTICLE VII.

CONTINUATION AFTER INVOLUNTARY TERMINATION

In the event of termination of the Limited Company due to death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interest then remaining shall have to do so in writing.



ANDREA VIRGINIA MARTINEZ
AUTHORIZED MEMBER

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Chapter 605.0201, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

WARP ENTERPRISES, LLC

4130 NW 79 Avenue
Doral, FL 33166



H16000164167

2. The name and address of the registered agent and office is:

ANDREA VIRGINIA MARTINEZ
Name

4130 NW 79 AVENUE
(P.O. Box or Mail Drop NOT acceptable)

DORAL, FL 33166
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation 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.



SIGNATURE
ANDREA VIRGINIA MARTINEZ

DATE: 07/06/2016

H16000164167

