orporation 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.

(((H16000234981 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. XIMA INTERNATIONAL LLC

A CONTRACTOR OF THE STATE OF TH	
Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corpórate Filing Menu

Help

Most

H18000234981

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE The name	I - Name: of the Limited Lia	bility Company is: @	(SI M đ tười thiệ sugarde	. Marie de la Principio de la Company	
"L.L.C" or "LLC	27)	only company with	THE PART DIE MOVE	Limited Lidoling Con	npany,
	Xima	Interna	tional	ل_الـ	:
ARTICLE	II - Address:			•	
The mailin Company i	ig address and str	eet address of the pri		the Limited Lia	bility
-	" 490 L	west	Park	DR	
_	# 204				
-	Miami	FL	33	175	
ARTICLE	III - Registere	d Agent, Registere	d Office:		
Сотрапу сап	and the Florida s not serve as its own Re Florida registration.)	treet address of the registered Agent. You must de	egistered agent signate an individu	are: (The Limited) al or another busine	Liability 155 entity
	Rodrigo	> Xavier	···	es	<u>ත්</u> විදුල්
•	490	west	Park	DR # 2	off 🣑
	Miam	i FL	331	77	<u> 12</u>
ARTICLE	7 TU_				
	and title of each	person authorized to	nanage and cor	atrol the Limite	kd 53 83.0%
,	Imar	a Flore	<u>s</u> (AMBR))
	72 odrigo	o Xavie	r Flo	Ores an	IBR)
,					
					,
					-
		•	•		

H16000234981

Required Signatures:

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.

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)

Page 2 of 2