

OCT/24/2016/MON 11:46 AM

FAX No.

P. 001

10/24/2016

Division of Corporations

**L16000195500**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
PULPNECTAR FLORIDA LLC**

Certificate of Status	0
Certified Copy	1
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**D O'KEEFE**

**OCT 25 2016**

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P. 002

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October 24, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: FULPNECTAR FLORIDA LLC  
REF: W16000072058

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.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H16000260739  
Letter Number: 116A00022723

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name**

The name of the Limited Liability Company is:

**PULPNECTAR FLORIDA LLC**

**ARTICLE II- Address:**

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

**Principal Office Address**

**11098 BISCAYNE BLVD SUITE 401-7  
MIAMI FLORIDA 33161**

**Mailing Address**

**11098 BISCAYNE BLVD STE 401-7  
MIAMI FLORIDA 33161**

**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:

**JAVIER MARRERO  
18430 NE 30<sup>TH</sup> PLACE  
AVENTURA FLORIDA 33160**

*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)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

JAVIER MARRERO  
JOSE JIMENEZ

AMGR = Manager  
AMGR = Manager

Name

Address:

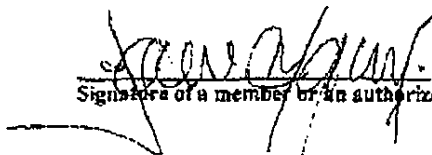
JAVIER MARRERO  
JOSE JIMENEZ

18430 NE 30<sup>TH</sup> PL AVENTURA FLORIDA 33160  
1250 PLOVER AV. MIAMI SPRINGS FLORIDA 33168

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.

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.817.155, F.S.

JAVIER MARRERO

JOSE JIMENEZ

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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