

L17000000713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100293717381

01/03/17--01033--003 \*\*130.00

FILED  
17 JAN -3 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. SAMS

JAN 4 2017



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

iPrint3dUSA LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED  
17 JAN -3 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

**Principal Office Address:**

2550 N. Powerline Rd  
Suite 103  
Pompano Beach FL 33069

**Mailing Address:**

2550 N. Powerline Rd  
Suite 103  
Pompano Beach FL 33069

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.)

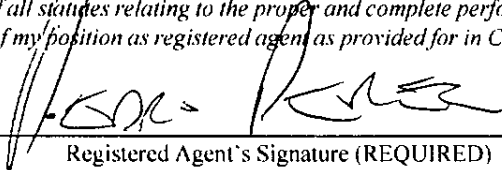
The name and the Florida street address of the registered agent are:

Pedro Perez  
Name

2550 N. Powerline Rd Suite 103  
Florida street address (P.O. Box **NOT** acceptable)

<u>Pompano Beach</u>	<u>FL</u>	<u>33069</u>
City	State	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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

Pedro Perez

2550 N. Powerline Rd, Suite 103

Pompano Beach, FL 33069

Kathleen Fernandes

2550 N. Powerline Rd, Suite 103

Pompano Beach, FL 33069

(Use attachment if necessary)

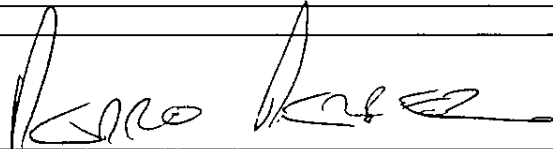
**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2017. (OPTIONAL.)

(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.

**ARTICLE VI:** Other provisions, if any.

**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.

PEDRO PEREZ

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)