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.

(((H17000198395 3)))



H170001963953ABCA

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
Phone : (305)552-507

Phone : (305)552-5973 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.

Emai	l Addres:	· : _		
------	-----------	--------------	--	--

FLORIDA LIMITED LIABILITY CO. INVEXPORT LLC

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

- 07/31/17

Electronic Filing Menu

Corporate Filing Menu

Help

ŧ

LAZARUS

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is: Must and with the words Limited Mability LLC. or LLC.	iy Company
Invexport LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is: 9044 Sw 20 Terrac- Miami FL 33165	Liability
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limit Company connot serve as its own Registered Agent, You must designate an individual or another but the nactive Florida registration.)	ed Liability siness entity
Jorge Carlos Meding Goena 9644 SW 20 Terrac	<u> 3</u> 99
- Miami FL 33110	<u> </u>
ARTICLE IV- The name and title of each person authorized to manage and control the Limitability Company:	ted
Jorge carlos Medina Goe	nagq
	~
	_
	-
	_

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)

17 JUL 28 AM IO: 13