

AUG 04/2017/ET

01:13 PM

FAX No.

001/003

14/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
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.**

((H17000205362 3)))



H170002053623ABC-

**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 : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

**\*\*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.  
INDESIGN GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

17 AUG -4 PM 3:11

FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

2017 AUG -4 AM 11:21  
TALLAHASSEE, FL  
SECRETARY OF STATE

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

02

**ARTICLES OF ORGANIZATION**

**OF**

**INDESIGN GROUP LLC**

**ARTICLE I**

The name of the limited liability company is **INDESIGN GROUP LLC**

**ARTICLE II**

The address of the principal office and the mailing address of the limited liability company is:

255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is any and all lawful business.

**ARTICLE IV**

The name and the Florida street address of the registered agent of the limited liability company is:

ARAGON REGISTERED AGENTS, INC.  
255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

*Having been named as the 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.*

Date:

8/3/2017

  
Registered Agent's Signature

**ARTICLE V**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

**Manager**

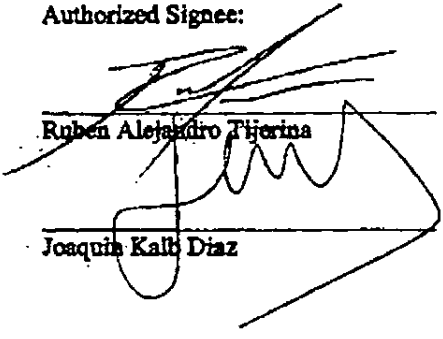
Ruben Alejandro Tijerina  
c/o 255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

**Manager**

Joaquin Kalb Diaz  
c/o 255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

*In accordance with section 605.0203(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.*

**Authorized Signee:**

  
Ruben Alejandro Tijerina

Joaquin Kalb Diaz