

Florida Department of State  
Division of Corporations  
Florida eFiling Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305)381-8108  
Fax Number : (305)381-8109

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

GN@ABOGADOMIAMI.COM

**Email Address:**

RECEIVED  
17 OCT -5 PM 4:39  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.  
EXPORT MARINE SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ALL E-FILED  
AT CHASSEL, FLORIDA

OCT 06 2017

K. Brumbley

17 OCT -5 2M11:11  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**The name of the Limited Liability Company is: **EXPORT MARINE SOLUTIONS LLC****ARTICLE II- Address:**The mailing address of the Limited Liability Company is: 4850 SW 80<sup>th</sup> Street, Miami, FL 33146

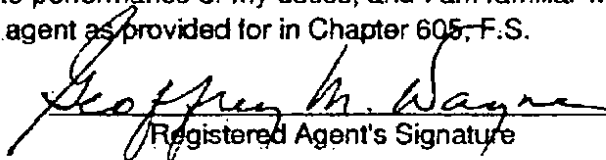
The street address of the principal office of the Limited Liability Company is: 4850 SW 80th Street, Miami, FL 33146

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Geoffrey M. Wayne  
135 San Lorenzo Ave., PH 840  
Coral Gables, FL 33146

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.

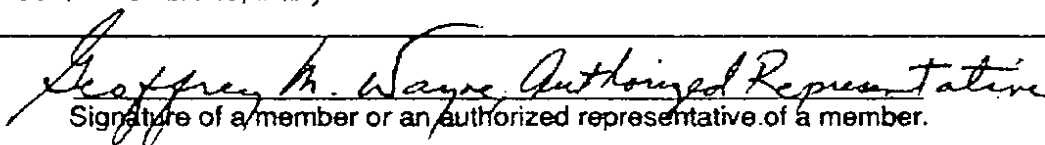
  
Registered Agent's Signature**ARTICLE IV - Management**

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

AMBR

Regina Mariana Munilloch Noguera  
4850 SW 80th Street, Miami, FL 33146

AMBR

Alfredo Emanuel Kunhardt Suarez  
4850 SW 80th Street, Miami, FL 33146**ARTICLE V - Effective date**, if other than the date of filing: \_\_\_\_\_**ARTICLE IV - Other Provisions**, if any.  
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.)

Geoffrey M. Wayne  
Typed or printed name of signer**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)