

Division of Corporations

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**U5000025494**

Florida Department of State

JAN 29 2018

Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6331

850-245 6800

From: Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : I20170000390  
Phone : (305) 358-1310  
Fax Number : (305) 503-6701

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

Email Address: 2rad8723@gmail.com**FLORIDA LIMITED LIABILITY CO.  
LEVIS USA LLC**

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

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**LEVIS USA LLC**

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

**ARTICLE II**

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

**Principal Office Address**  
15901 COLLINS AVENUE APT#902  
SUNNY ISLES BEACH, FL 33160

**Mailing Address**  
15901 COLLINS AVENUE APT#902  
SUNNY ISLES BEACH, FL 33160

**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:*

**R&P ACCOUNTING & TAXES, INC**

*Name*

**200 SE 1<sup>ST</sup> STREET, SUITE #604**

*Florida Street address (P.O. Box NOT acceptable)*

**MIAMI, FL 33131**

*FL City, State, and 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*

X

***Registered Agent's Signature (REQUIRED)***

## **ARTICLE IV**

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):** *The name and address of each Person authorized to manage and control the Limited Liability Company:*

### **Title:**

**FRANCISCO CESAR ASFOR ROCHA**  
**15901 COLLINS AVENUE APT#902**  
**SUNNY ISLES BEACH, FL 33160**

**AUTHORIZED MEMBER 60%**

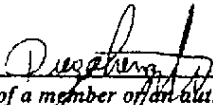
**DIEGO RENGIFO ZAPATA**  
**1440 LEE WAGENER BLVD STE 200**  
**FT LAUDERDALE, FL 33315**

**MANAGER 40%**

## **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.)*

**REQUIRED: SIGNATURE**

X   
*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.)*

**FRANCISCO CESAR ASFOR ROCHA / DIEGO RENGIFO ZAPATA**

**ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

*The main objective of the company is: ANY AND ALL LAWFUL BUSINESS*