

4/14/2018

# L18000096019

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

CLARA GIRALDO E.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300

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**FLORIDA LIMITED LIABILITY CO.  
PERFECTIONS DESIGNS PRINTING LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**PERFECTIONS DESIGNS PRINTING LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**PERFECTIONS DESIGNS PRINTING LLC**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**18851 NE 29 AVE SUITE 700  
AVENTURA, FL 33180**

The mailing address shall be:

**18851 NE 29 AVE SUITE 700  
AVENTURA, FL 33180**

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**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**ACELIA MOLINA**

**18851 NE 29 AVE SUITE 700**

Florida Street address (P.O.BOX NOT acceptable)  
**AVENTURA, FL 33180**  
City, State, and Zip

**CLARA GIRALDO E.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**

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4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300

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 Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**MANAGER**

**ACELIA MOLINA**  
18851 NE 29 AVE SUITE 700  
AVENTURA, FL 33180

(An additional article must be added if an effective date is requested)

  
\_\_\_\_\_  
**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.)

**ACELIA MOLINA**  
Typed or printed name of signee