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☐ PICK-UP

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18 APR 26 PM 12:10
18 APR 26 PM 12:36

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T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BISCAYNE PAVEMENT MARKINGS LLC

Signature _____

Requested by: SN

4/26/18

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

☒ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

☒ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

ARTICLES OF ORGANIZATION
OF
Biscayne Pavement Markings LLC

ARTICLE I - NAME

The name of the limited liability company is **Biscayne Pavement Markings LLC**,
("Company").

ARTICLE II - ADDRESS

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

Principal Office Address:

21396 Marina Cove Circle
Suite J15
Aventura, Fl 33180

Mailing Address:

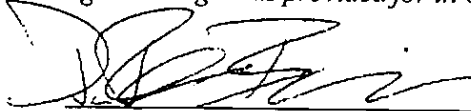
21396 Marina Cove Circle
Suite J15
Aventura, Fl 33180

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

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

D. Ross Bridger, Esq.
6750 N. Andrews Avenue, Suite 200
Ft. Lauderdale, Florida 33309

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..



D. Ross Bridger, Esq.

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18 APR 26 PM 12:36
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

ARTICLE IV - MANAGER

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

Title:
"MGR" = MANAGER

Name and Address:

MGR

Laureano Martinez Aunon
21396 Marina Cove Circle
Suite J15
Aventura, Fl 33180

REQUIRED SIGNATURE:



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.)

Laureano Martinez Aunon, Authorized Representative
Typed or printed name of signer

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18 APR 26 PM 12:30
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA