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.

(((H18000246268 3)))



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 ALIC OTA From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120008000019 Phone : (305)552-5973 Fax Number : (305)575-5944 **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. **FUZION INTERNATIONAL CARGO LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FUZION INTERNATIONAL CARGO LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:

13831 SW 59 ST SUITE 205 MIAM! FL 33183	13831 8W 59 ST SUITE 205 MIAMI FL 33183	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	red Agent's Signature: Agent. You must designate an individual or	

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

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 (REQUIRED)

(CONTINUED)

Title:	Nome and Address
"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JOSE CAMPOS
_ 	13831 SW 59 ST SUITE 205
	MIAMI FL 33183
MGR	GUILLERMO RUIZ
	13831 SW 59 ST SUITE 205
	MIAMI FL 33183
MGR	I I I I I I I I I I I I I I I I I I I
THE STATE OF THE S	JAVIER VARGAS
	13831 SW 59 ST SUITE 205
•	MIAMI PL 33183
(Use attachment if necessary)	·
	, - (
LE V: Effective date, if other than the date of filing	S (OPTIONAL): -
iterative date is usted, the date must be specific at	or (OPTIONAL).
nective date is nated, the date must be specific at of filing.)	nd cannot be more than five business days prior to or
recurve date is insted, the date must be specific and of filing.) If the date inserted in this block does not meet the	nd cannot be more than five business days prior to or
of filing.) f the date inserted in this block does not meet the iment's effective date on the Department of State	nd cannot be more than five business days prior to or
rective date is insted, the date must be specific an of filing.) If the date inserted in this block does not meet the ament's effective date on the Department of State	nd cannot be more than five business days prior to or
receive date is insted, the date must be specific and of filing.) If the date inserted in this block does not meet the nument's effective date on the Department of State	nd cannot be more than five business days prior to or
nective date is nated, the date must be specific at e of filing.)	nd cannot be more than five business days prior to or
receive date is insted, the date must be specific are of filing.) If the date inserted in this block does not meet the nument's effective date on the Department of State	nd cannot be more than five business days prior to or
receive date is fixted, the date must be specific are of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State LE VI: Other provisions, if any.	nd cannot be more than five business days prior to or
receive date is insted, the date must be specific are of filing.) If the date inserted in this block does not meet the nument's effective date on the Department of State	nd cannot be more than five business days prior to or
of filing.) If the date inserted in this block does not meet the innent's effective date on the Department of State LE VI: Other provisions, if any.	nd cannot be more than five business days prior to or
receive date is instead, the date must be specific are of filing.) If the date inserted in this block does not meet the nument's effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE:	applicable statutory filing requirements, this date will records.
REQUIRED SIGNATURE: REQUIRED SIGNATURE:	applicable statutory filing requirements, this date will respectively.
REQUIRED SIGNATURE: Signature of a member of a may false in form Signature of a member of a may false in form	applicable statutory filing requirements, this date will reserved. The authorized representative of a member. Secondance with section 605.0203 (1) (b), Florida Statute aution submitted in a document to the Department of Statute aution submitted in a document to the Department of Statute
RECUIRED SIGNATURE: Signature of a member of a manufacture of a member of State of Signature of a member of a manufacture of a manufac	applicable statutory filing requirements, this date will respectively.
REQUIRED SIGNATURE: Signature of a member of a may false in form Signature of a member of a may false in form	applicable statutory filing requirements, this date will reserved. The authorized representative of a member. Secondance with section 605.0203 (1) (b), Florida Statute aution submitted in a document to the Department of Statute aution submitted in a document to the Department of Statute