

OCT/18/2018/THU 01:09

10/18/2018

L18000240601

P. 001/004

Florida Department of State
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.

((H180003021103)))



H180003021103ABCQ

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

FILED
2018 OCT 18 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
INPROMAR INTERNATIONAL, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

OCT 19 2018

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INPROMAR INTERNATIONAL, 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:3350 NW 84TH CTSAMEDORAL, FL 33122

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:

LUISA REBECA RANGEL DE PARRA

Name

3350 NW 84TH CTFlorida street address (P.O. Box **NOT** acceptable)DORALFL33122

City

State

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2018 OCT 18 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

LUISA REBECA RANGEL DE PARRA

3350 NW 84TH CT

DORAL, FL 33122

AMBR

NEDIBO RAFAEL PARRA URDANETA

3350 NW 84TH CT

DORAL, FL 33122

AMBR

MARILIB DEL CARMEN PARRA RANGEL

3350 NW 84TH CT

DORAL, FL 33122

AMBR

CARLOS HUMBERTO LOPEZ VILLALOBOS

3350 NW 84TH CT

DORAL, FL 33122

(Use attachment if necessary)

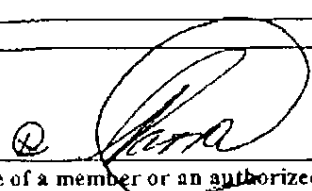
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

LUISA REBECA RANGEL DE PARRA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 OCT 18 AM 10:51

FILED

OCT/18/2018/THU 01:11 PM

FAX No.

P. 004/004

AMBR: INDUSTRIAS PROCESADORAS DEL MAR, COMPANIA ANONIMA. (INPROMAR C.A.)

3350 NW 84TH CT

DORAL, FL 33122

FILED

2018 OCT 18 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA