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##Entr	er the email address for this business entity to be used for future	Dr.
Liici	موزيم	¥ \$2 \$2
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## FLORIDA LIMITED LIABILITY CO. ULTIMATE CONTAINERS PRO L.L.C.

Certificate of Status	1
Certified Copy	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
WITIMATE CONTAINERS PRO GLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
- 175 SW IYAVE GOMESTEAD F.C 33030
19
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limited Lidding)  Company cannot serve as its own Registered Agent. You must designate an individual or another business entity  with an active Florida registration.)
BLADIMIN PANNA VIAMONTES
175 SW 14 AVE
Homestens , FL. 33030
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
BLADIMIN PARRA V: AMONTES (AMBR)

## Required Signatures:

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. 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.

BLADIMIN PANNA

Typed or printed name of signee

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)