# 93/96/2019 17:19 30522 4 Florida Department of State

### Division of Corporations Electronic Filing Cover Sheet

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|        | Division of Corporations                                      | 2- 7           | <b>_</b>     |
|        | Fax Number : (850)617-6381                                    | <u> </u>       | ÂR           |
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| From:  |   | S              | σ            |
|        | Account Name : LAZARUS CORPORATE FILING SERVICE, INC.         | .m:            |              |
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| 27.001 | the email address for this business entity to be used for fut | ure            |              |
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#### FLORIDA LIMITED LIABILITY CO.

#### norsur international llc

| Certificate of Status | 1        |
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N CUITION

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| NorSur Internat  | ional LLC  |   |   |              |
|--|--|---|---|--------------|
| (Must  | end with the words "Limit  | icd Liability Company,  | , "L.L.C.," or "LLC.")  | <del></del>  |
| ARTICLE II - Address:  |  |   | ·   |              |
| The mailing address and str  | eet address of the principal   | office of the Limited   | Liability Company is:   |              |
|  | gcipal Office Address:   |   | Mailing Address:  |              |
| 18024 N.W. 63r   | d Court  | 1900  |   |              |
|  |  | 1802  | 4 N.W. 63rd Court   |              |
| Hialeah, Florida   | Agent, Registered Office   | Hiale   | 4 N.W. 63rd Court<br>ah, Florida 33015                          | 19 X         |
| ARTICLE HI - Registered  | Agent, Registered Office<br>pany cannot serve as its ow<br>an active Florida registrat<br>reet address of the register         | Hiale  T. & Registered Agent  TREGISTERED Agent. Y  Treatment are:          | ah, Florida 33015   | MAR-6 AM     |
| ARTICLE HI - Registered<br>(The Limited Liability Companether business entity with | Agent, Registered Office<br>pany cannot serve as its ow<br>an active Florida registrat   | Hiale  Registered Agent, Y ion.)  ed agent are:                             | ah, Florida 33015   | MAR-6 AM 9   |
| ARTICLE HI - Registered<br>(The Limited Liability Companether business entity with | Agent, Registered Office pany cannot serve as its own an active Florida registrat reet address of the registere YLIANA M. JIME | Hiale  Registered Agent Registered Agent Y ion.)  ed agent are:  NEZ  Name  | ah, Florida 33015   | MAR-6 AM 9   |
| ARTICLE HI - Registered<br>(The Limited Liability Companether business entity with | Agent, Registered Office pany cannot serve as its own an active Florida registrat reet address of the registere YLIANA M. JIME | Hiale  Registered Agent Registered Agent Y ion.)  ed agent are:  NEZ  Name  | ah, Florida 330}5 t's Signature: ou must designate an individua | MAR-6 AM 9:5 |
| ARTICLE HI - Registered<br>(The Limited Liability Companether business entity with | Agent, Registered Office pany cannot serve as its own an active Florida registrat reet address of the registere YLIANA M. JIME | Hiale  Registered Agent Registered Agent Y  Ion.)  ed agent are:  NEZ  Name | ah, Florida 330}5 t's Signature: ou must designate an individua | MAR-6 AM 9   |

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 out in this capacity. I finither 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 occept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

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| Title: "AMBR" = Authorized Member "MGR" = Manager  | uthorized to manage and control the Limited Liability Company: Name and Address:   |
|--|--|
| MGR  | YLIANA M. JIMENEZ  |
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| EV: Effective date, if other than the date is citive date is listed, the date must be spe filing.) the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any.  EVI: Other provisions, if any.  Signature of a mem This document is executed I am aware that any false is constitutes a third degree f | cet the applicable statutory filing requirements, this date will not be State's records.  The state's records are representative of a member of an authorized representative of a member o |