

Jul 17 2019 4:00 PM

7/17/2019

49000175104

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.

(((H19000216491 3)))



H190002164913ABCD

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 : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : 120060000145
Phone : (305)769-4936
Fax Number : (305)769-1844

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 17 AM 9:23

FILED

FLORIDA LIMITED LIABILITY CO.
CAO EXPORT, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2019 JUL 17 PM 4:21

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:

CAO EXPORT, LLC.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **9772 SW 8TH ST, MIAMI FL, 33174**

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

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

**MARCO D. PEREIRA FERREIRA
10903 NW 83RD ST APT 5-101
DORAL, FL 33178**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 17 AM 9:23

FILED

ARTICLE IV:

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

Title:

Name and Address:

AMBR

MANUEL M. PEREIRA DE FARIA
10903 NW 83RD ST APT 5-101
DORAL, FL 33178

AMBR

MICHAEL J. PEREIRA FERREIRA
10903 NW 83RD ST APT 5-101
DORAL, FL 33178

AMBR

MARCO D. PEREIRA FERREIRA
10903 NW 83RD ST APT 5-101
DORAL, FL 33178

AMBR

LUIS A. ARAUJO BLANCO
10903 NW 83RD ST APT 5-101
DORAL, FL 33178

2019 JUL 17 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



Signature of 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.)

MARCO D. PEREIRA FERREIRA

Typed or printed name of signee.