3/3/2020 Division of Corporations

L20000066777

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.

(((H20000071467 3)))

H20000071467 3ABC.

**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 : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

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

Email Address: negibarami@hotmail.com

FILED
2020 MAR -3 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2020 MAR -3 PM 2:04

K PAGE

MAR 04 2020

**FLORIDA LIMITED LIABILITY CO.**
**DISTRIBUIDORA EMISAN CA, LLC**

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

Electronic Filing Menu Corporate Filing Menu Help

H20000071467

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF DISTRIBUIDORA EMISAN CA, LLC

**ARTICLE I - NAME:**

The name of the Limited Liability Company Is:

## DISTRIBUIDORA EMISAN CA, LLC

**ARTICLE II - ADDRESS:**

The mailing and principal address of the Limited Liability Company is:

**3710 NW 88th Ave, Apt 314**
**Sunrise, FL 33351**

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

**Nagib Araniuni**
**3710 NW 88th Ave, Apt 314**
**Sunrise, FL 33351**

FILED
2020 MAR -3 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

H20000071467

H20000071467

**ARTICLE IV - Management/Member(s):**

The name and address of each Manager or Managing Member is as follows:

| TITLE: | NAME AND ADDRESS |
|---|---|
| AMBR | Nagib Aramuni<br>3710 NW 88th Ave, Apt 314<br>Sunrise, FL 33351 |
| AMBR | Emilio Miranda<br>3710 NW 88th Ave, Apt 314<br>Sunrise, FL 33351 |
| AMBR | Gandy Gimenez<br>3710 NW 88th Ave, Apt 314<br>Sunrise, FL 33351 |

FILED
2020 MAR -3 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FL

Nagib Aramuni
3710 NW 88th Ave, Apt 314
Sunrise, FL 33351

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

H20000071467