

Florida Department of State

Division of Corporations

L21000095996

Note: Please print this page and use it as a cover sheet. Type the filing audit number (shown below) on the top and bottom of all pages of the document.

(((H21000095996 3)))



H210000959963ABCB

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

2021 MAR 16 PM 1:15

FILED

3/17/21
SA

FLORIDA LIMITED LIABILITY CO.
IMPORTEXPRESS 2021 LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FLORIDA
DIVISION OF CORPORATIONS
REGISTRATION & COMMERCIAL
SERVICES

2021 MAR 16 PM 4:21

RECEIVED

THIRD
~~Second~~ Request 1

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:

Importexpress 2021 LLC

ARTICLE II - Address:

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

8035 SW 107th AV #302

Miami, FL 33173

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

8035 SW 107th AV #302

Miami, FL 33173

Leonor Pinedo

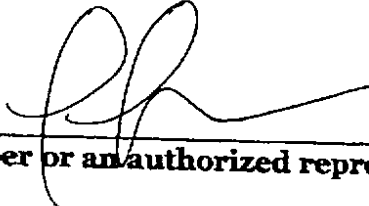
ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Leonor Pinedo AMBR

Roberto Ricupero AMBR

FILED
2021 MAR 16 PM 11:15
STATE
FLORIDA

Required Signatures:

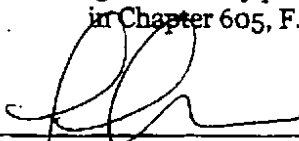
Signature of a member or an authorized representative of a member.

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.

Leonar Pineda

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)

FILED
2021 MAR 16 PM 1:15
STATE
FLORIDA