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7.55.7. VED

FLORIDA LIMITED LIABILITY CO. TECHCOMP GROUP LLC

Certificate of Status	1
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SECRETARY OF STATE TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DUTTON TO
ARTICLE I - Name:
The name of the Limited Liability Company is:
TECHCOMP GREVE LLC
TECHLOMP CREUP !
ARTICIET
The mailing address and street address of the principal office of the Limited Liability
Company is:
——————————————————————————————————————
8980 6W 100
8980 Sw 122 PL Hiani FL 33186
Travit/ 33100
Anto ou
RTICLE III - Registered Agent, Registered Office:
ne name and de Registered Agent, Registered Office:
and the Florida street address of the registered
he name and the Florida street address of the registered agent are: (The Limites' Liability th an active Florida projectory).
impany cannot serve as its own Registered Agent. You must designate an individual or another business entity than active Florida registration.)
Maria GERMAN TAGA
Mario GERMAN JARAMILLO VELASQUEZ
8980 SW 122 PL Apt 211
- 0100 SW 177 P/ Nat 211
TO TO TO THE TIME
11.0
MIAMI FL. 33184
No.
CICLE IV
te name and title of each person authorized to manage and control the Limited
ability Company: (MGR or AMBR)
5
MANO GERMAN TARAMITHA WILLIAM
MARIO GERMAN JARAMILLO VELASQUEZ
(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.

MARIO JARAMILIO.

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)

SECRETARY OF STATI