

# L22000591073

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : ARIMIR SERVICES GROUP LLC  
Account Number : I20200000022  
Phone : (305)298-6579  
Fax Number : (305)643-5225

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

Email Address: JOSHUA.TESADA@SERVIUSACORP.COM

## FLORIDA LIMITED LIABILITY CO. BPM TECH USA LLC

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

2022 DEC 28 PM 3:01

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BPM TECH USA LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

210 NE 45TH ST  
OAKLAND PARK, FL 33334

210 NE 45TH ST  
OAKLAND PARK, FL 33334

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

(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.)

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

SERVI USA CORP

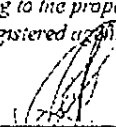
Name

210 NE 45TH ST

Florida street address (P.O. Box **NOT** acceptable)

OAKLAND PARK      FL      33334  
City                      State                      Zip

*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)

(CONTINUED)

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H220004272613

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member;

"MGR" = Manager

Name and Address:

AMBR

BPM BUSINESS PROCESS MANAGEMENT LATINO  
AMERICA S.A.S.-  
CRA. 17A 137-31 OFICINA 204, BOGOTA, COLOMBIA

AMBR

MAURICIO OBREGON GUTIERREZ  
CRA. 17 A 137-31 OFICINA 204  
BOGOTA, COLOMBIA

AMBR

MONICA MARIA OBREGON GUTIERREZ  
CRA. 17 A 137-31 OFICINA 204  
BOGOTA, COLOMBIA

AMBR

ANA MARIA CALDERON  
CRA. 17 A 137-31 OFICINA 204  
BOGOTA, COLOMBIA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

MAURICIO OBREGON

Typed or printed name of signee

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