

L23 000299 173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

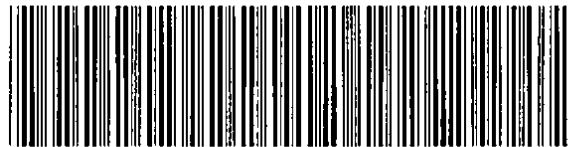
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/06/20--01017--010 \$450.00

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: PRYME NET USA LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY MORALES

Name of Person

MYUSACORPORATION.COM

Firm/Company

1 RADISSON PLAZA, SUITE 800

Address

NEW ROCHELLE, NY 10801

City/State and Zip Code

info@myusacorporation.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY MORALES 877 330-2677

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRYME NET 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:

15390 SW 20 ST
MIAMI, FL 33185

15390 SW 20 ST
MIAMI, FL 33185

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:

HENRY COLINA

Name

15390 SW 20 ST

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

MIAMI

FL

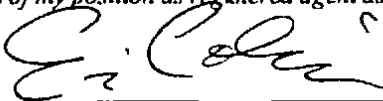
33185

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)

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:

PLEASE SEE ATTACHMENT

(Use attachment if necessary)

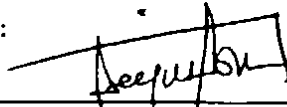
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

OSCAR BENJAMIN PEREZ OLVERA

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Reg

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ATTACHMENT

The true name and mailing address of the member and managers are:

1. Title: AMBR
Name: SERVICIOS Y SOLUCIONES TI PRYME NET S.A. DE C.V.
Address: AV. PASEO DE LA REFORMA 199 #802
CIUDAD DE México, CUAUHTEMOC, MEXICO 06500
2. Title: MGR
Name: SERVICIOS Y SOLUCIONES TI PRYME NET S.A. DE C.V.
Address: AV. PASEO DE LA REFORMA 199 #802
CIUDAD DE México, CUAUHTEMOC, MEXICO 06500
3. Title: MGR
Name: OSCAR BENJAMIN PEREZ OLVERA
Address: PRIV. DE NONIS 512 #LT69 MZ1
ESTADO DE México, EL CASTAÑO, METEPEC, MEXICO 52150
4. Title: MGR
Name: APSARA GONZALEZ RIVAS
Address: PRIV. DE NONIS 512 #LT69 MZ1
ESTADO DE México, EL CASTAÑO, METEPEC, MEXICO 52150
5. Title: MGR
Name: JUAN JESUS VAZQUEZ ZAVALA
Address: CALLE ZULUAGA 98
CIUDAD DE México, IZTAPALAPA, MEXICO 09360