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Florida Department of State

Division of Corporations

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

From: Account Name : CG TAX, INC.  
Account Number : I19990000017  
Phone : (305)485-9300  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA LIMITED LIABILITY CO.  
FLORIDA LOGISTICS SHOW PROMOTORS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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STATE OF FLORIDA  
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RB

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**FLORIDA LOGISTICS SHOW PROMOTORS, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**FLORIDA LOGISTICS SHOW PROMOTORS, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**11850 SW 69<sup>TH</sup> AVE  
PINECREST, FL. 33156**

The mailing address shall be:

**11850 SW 69<sup>TH</sup> AVE  
PINECREST, FL. 33156**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**RAUL J. PAREDES**

**11850 SW 69<sup>TH</sup> AVE  
Florida Street address (P.O. BOX NOT acceptable)  
PINECREST, FL. 33156  
City, State, and Zip**

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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

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**RAUL J. PAREDES**  
11850 SW 89TH AVE  
PINECREST, FL. 33156

**AMBR**

**MIGUEL BONACHEA**  
14005 SW 17TH TER  
MIAMI, FL. 33175

**MANAGER**

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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.)

**RAUL J. PAREDES**