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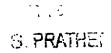
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COVER LETTER

	on of Corporatio	ns			
SUBJECT:	mex Ne	w York LLC			
3000CC1		Name of	Limited Liability Cor	moany	
					nsact Business in Florida," Certificate of company to transact business in Florida,
Please return al	Il correspondence	concerning this matter to the	following:		
	Manue	el Martinez			
		N	ame of Person		·
	Imex N	lew York LLC	,		
		Fi	irm/Company		
	222 Pł	noenetia Ave.	Apt 4		
			Address	-	, <u>, , , , , , , , , , , , , , , , , , </u>
	Coral (Gables, FL 33	3134		
		City/S	tate and Zip Code		
	m.marti	nez@imexny			
		E-mail address: (to be used	d for future annual re	port notif	ication)
For further into	rmation concernit	ng this matter, please call:			
Ma	anuel Ma	rtinez	_at (718)	600	-4706
	Name (of Contact Person	Area Code	Dayti	me Telephone Number
Divisio Registi P.O. B	JNG ADDRESS: on of Corporation ration Section lox 6327 assec, FL 32314		D R C 20	Division o Legistratio Hifton Bu 661 Exec	ADDRESS: f Corporations on Section ilding utive Center Circle e, FL 32301
	heck for the follow 5.00 Filing Fee	ring amount: 3 \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing 1 Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (16.0902, FLORIDA SEATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SEATE OF FLORIDA:

	ame adopted for the purpose of transacting business in	Florida. The alternate name must include "Lamited Liability Cou	appenty," "L.I. C," or "I,I C
New York		_{3.} 46-5662088	
	hich foreign fimited liability company is organized)	(FEI mamber, if app	olicable)
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to dete	(to registration) rmine penalty liability)	
2332 Galiano St. 2r	nd Floor	6. 222 Phoenetia Ave. APT 4	
(Street Address of I	rescapal Office)	(Mailing Address)	
Coral Gables , FL 33	134	Coral Gables, FL 33134	
			₩.
Name and street addres	s of Florida registered agent: (P.O. B	ox NOT acceptable)	8 28 Диу
Name:	Manuel Martinez	<u> </u>	<i>∵</i> >>>
	222 Phoenetia Ave. APT 4		(A)(📴
Office Address:			
Office Address:		22424	
gistered agent's accep ving been named as re ignated in this applica comply with the provisi	Coral Gables (Cny) tance: gistered agent and to accept service of the appointment.	Florida 33134 (Zip code) of process for the above stated limited liability as registered agent and agree to act in this condition of my duties,	ity company at the capacity. I furth
gistered agent's accep ving been named as re ignated in this applica comply with the provisi	Coral Gables (Cny) tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the peop	(Zip code) of process for the above stated limited liability as registered agent and agree to act in this condition of my duties,	ity company at the capacity. I furth
gistered agent's accepying been named as reignated in this applicationally with the provisional accept the obligation. The name, title or caps	Coral Gables (Cny) tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the people of my position as registered agent. (Repstered agent active and address of the person(s) who	(Zip code) of process for the above stated limited liability as registered agent and agree to act in this critical complete performance of my duties, to support to with the state of the support of the	ity company at the capacity. I furth and I am familia
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gistered agent's accepying been named as reignated in this applicationally with the provisional accept the obligation. The name, title or caps Title or Capacity: CEO	Coral Gables (Coy) tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the people of my position as registered agent. (Repistered agent active and address of the person(s) who Name and Address: Manuel Martinez 272 Proceeding Ave. APT 4 Corin Gabbes, FL 23134	(Zip code) of process for the above stated limited liability as registered agent and agree to act in this critical complete performance of my duties, to support to with the state of the support of the	ity company at the capacity. I furth and I am familia
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Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that IMEX NEW YORK LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/14/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 14th day of January two thousand and nineteen.

Whitney Clark

Deputy Secretary of State

Who may Clark