

LD9000035721

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000087069 3)))



H090000870693ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

L. SELLERS

APR 14 2009

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

expro3, llc

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

RECEIVED  
09 APR 13 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR 13 AM 8:49

FILED

H09000087069

ARTICLES OF ORGANIZATION  
FOR

EXPRO3, LLC

The undersigned, for purpose of forming a limited liability Company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I  
NAME

The name of the limited liability company is EXPRO3, LLC (the "Company").

ARTICLE II  
PRINCIPAL OFFICE

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

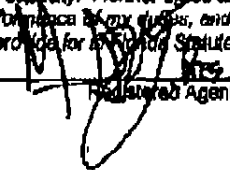
8295 SW 85TH TERRACE  
MIAMI, FL 33143

ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S SIGNATURE

The name and the street address of the Company's registered agent in Florida are:

AGI Registered Agents, Inc.  
Name  
1000 BRICKELL AVENUE, SUITE 300  
Street Address  
MIAMI, FL 33131  
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 provided for in Florida Statutes Chapter 608.

  
\_\_\_\_\_  
Registered Agent's Signature

H09000087069

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR 13 AM 8:49

FILED

H09000087069

**ARTICLE IV  
MANAGEMENT**

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

**ARTICLE V  
INITIAL MANAGERS**

The initial managers shall be those individuals indicated below. This number may be increased or decreased from time to time in accordance with the Company's Operating Agreement but shall never be less than one. The name and address of the persons who shall serve as the initial managers are:

Name & Title	Address
SONIA PONS-SANTANA, Manager/President	8295 SW 86 TERRACE MIAMI, FL 33143
HENRY M. SANTANA, Manager/Secretary	8286 SW 86 TERRACE MIAMI, FL 33143

**ARTICLE VI  
AUTHORIZED MEMBER UNITS**

The initial authorized member units shall be 1000. Designations and rights of each unit shall be set forth in the Company's Operating Agreement.

**ARTICLE VII  
EFFECTIVE DATE**

IN WITNESS WHEREOF, the undersigned authorized representative, in accordance with Florida Statutes Section 608.408(3), affirms under the penalty of perjury that the facts stated herein are true and, further, makes and subscribes these Articles of Organization in Coral Gables, Florida, this \_\_\_\_\_ day of February, 2009.

*Sonia Pons-Santana*  
\_\_\_\_\_  
Signature of member or an authorized representative of a member.

SONIA PONS-SANTANA  
\_\_\_\_\_  
Print Name of Signer

FILED  
09 APR 13 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H09000087069