(((H24000273006 3)))



H240002730063ABC1

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)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

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

Email Address:__

FLORIDA LIMITED LIABILITY CO. **BRANSTON USA LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|---|-------------------------------|--|
| BRANSTON USA LLC | | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia Company is: | bility | |
| 13440 SW 36 St. | 7 | |
| miami Fl 33175 | | |
| | | |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limites' Liab Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) OSE ANDMO GARCIA JR | illty | |
| 12038 Sw 132ct unit 1-2 | | |
| Mismy FL 33186 | | |
| ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) | | |
| Lose Amorio García In Ambr | | |
| - ban luis Alvarez Ambil | INS IAIC S | |
| | SECRET IVISIDE 2004 AUG | |
| | FILE | |
| | SECRE IN PY OF SIA | |
| | | |

Required Signatures:

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. 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.

Typed or printed name of signee

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 herely 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 agen: as provided for in Chapter, 605, F.S..

Registered Agent's Stanature (REQUIRED)