

LD7000019619

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.

((H07000045714 3)))



H070000457143ABC

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) 205-0383

From: Account Name : PROFESSIONAL VISA, INC.
Account Number : I20020000173
Phone : (305) 639-4737
Fax Number : (305) 639-4725

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Inversiones Multimarca, LLC.

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

[Handwritten signature]

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

07 FEB 20 PM12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 FEB 20 AM11:06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVERSIONES MULTIMARCA, LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C..")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

14250 NW 18 PLACE
PEMBROKE PINES, FL 33028

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:

Oscar Rodriguez

Name

14250 NW 18 PLACE

Florida Street address (P.O. Box NOT acceptable)

PEMBROKE PINES 33028

FL

City, State, and 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 608, F.S.


Registered Agent's Signature (REQUIRED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 20 AM 11:06

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

Oscar Rodriguez
14250 NW 18 PLACE
PEMBROKE PINES, FL 33028

MGR

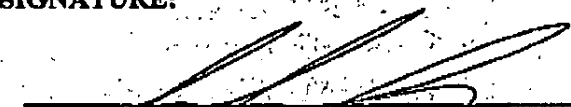
Cesar Rodriguez
14250 NW 18 PLACE
PEMBROKE PINES, FL 33028

(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution
of this document constitutes an affirmation under the penalties of perjury
that the facts stated herein are true.)

Oscar Rodriguez

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB 20 AM 11:06