

L11000131186

Florida Department of State  
Division of Corporations  
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.

(((H11000273374 3)))



H110002733743ABC

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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

FILED  
11 NOV 17 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*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.  
GUAYAMURI, LLC

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

RECEIVED  
11 NOV 17 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H 1 1 0 0 0 2 7 3 3 7 4

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

**ARTICLE I – Name:** The name of the Limited Liability Company is:

**GUAYAMURI, LLC**

**ARTICLE II – Address:**

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

Principal Office Address:

Mailing Address:

2300 NW 94<sup>th</sup> Avenue Suite 206,  
Doral, FL, 33172.

2300 NW 94<sup>th</sup> Avenue Suite 206,  
Doral, FL, 33172.

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**FRANCISCO PERAZA**

**2300 NW, 94<sup>th</sup> Street, Suite 206  
Miami, FL 33172**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 NOV 17 AM 8:49

FILED

*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.*

**FRANCISCO PERAZA**

Registered Agent Signature

(CONTINUED)  
Page 1 of 2

H 1 1 0 0 0 2 7 3 3 7 4

H 1 1 0 0 0 2 7 3 3 7 4

**ARTICLE IV – Manager(s) or Managing Member(s):**

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

<u>Title:</u>	<u>Name and Address:</u>
MGR	AMBROSIO PERAZA
MGR	FRANCISCO PERAZA

**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.)

FRANCISCO PERAZA

Typed or printed name of signer

**FILED**  
 11 NOV 17 AM 8:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

H 1 1 0 0 0 2 7 3 3 7 4