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Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
CUARTAS & ARCILA, LLC

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

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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I- Name

The name of the Limited Liability Company is:

CUARTAS & ARCILA, LLC

ARTICLE II- Address:

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

Principal Office Address

7105 SW 8TH STREET
SUITE 305
MIAMI FLORIDA 33144

Mailing Address

SAME

ARTICLES III-

Other provisions if any

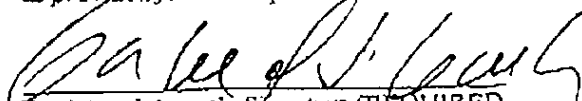
ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:)

(The Liability Company cannot serve as its own Register 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:

GABRIEL JAIME CUARTAS RUIZ
7105 SW 8TH STREET
SUITE 305
MIAMI FLORIDA 33144

Having been named as register 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 register 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 register agent as provided for in Chapter 605 FS


Registered Agent's Signature (REQUIRED)

ARTICLES V- Manager (s) or Managing Member (s) of each Manager or Managing Member is as follows:

Title:

GABRIEL JAIME CUARTAS RUIZ
GLADYS EMILIA ARCILA M

MGR = Manager
MGR = Manager

Name

Address:

GABRIEL JAIME CUARTAS RUIZ

7105 SW 8TH STREET
SUITE 305
MIAMI FLORIDA 33144

GLADYS EMILIA ARCILA M

7105 SW 8TH STREET
SUITE 305
MIAMI FLORIDA 33144

ARTICLE VI: effective date, if other than the date filing (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 filing)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

GABRIEL JAIME CUARTAS RUIZ

GLADYS EMILIA ARCILA M