

L18000187051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

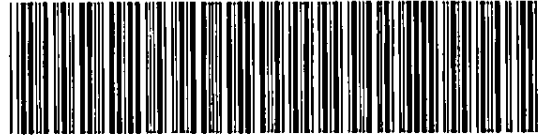
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE
AUG - 8 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CASTILLO PRAJ INVESTMENTS LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRES HURTADO
Name of Person
PRODEZK INC
Firm/Company
5040 NW 7TH ST SUITE 705
Address
MIAMI, FL 33126
City/State and Zip Code
INFO@PRODEZK.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRES HURTADO 305 260 6854
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CASTILLO PRAJ INVESTMENTS LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

5040 NW 7TH ST
SUITE 705
MIAMI, FL 33126

Mailing Address:

5040 NW 7TH ST
SUITE 705
MIAMI, FL 33126

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:

PRODEZK INC

Name

5040 NW 7TH ST SUITE 705

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

33126

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 as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>GIRALDO, CARLOS, A</u> <u>5040 NW 7TH ST SUITE 705</u> <u>MIAMI, FL 33126</u>
<u>MBR</u>	<u>CASTILLO, ALEJANDRO</u> <u>5040 NW 7TH ST SUITE 705</u> <u>MIAMI, FL 33126</u>
<u>MBR</u>	<u>CASTILLO, MALKA, I</u> <u>5040 NW 7TH ST SUITE 705</u> <u>MIAMI, FL 33126</u>
<u>MBR</u>	<u>CASTILLO, JORGE, E</u> <u>5040 NW 7TH ST SUITE 705</u> <u>MIAMI, FL 33126</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/24/2018 (OPTIONAL)

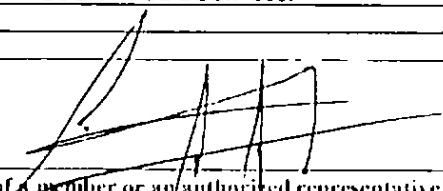
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

INVESTMENTS AS WELL AS ANY AND ALL LAWFUL BUSINESS.

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.

CARLOS GIRALDO, MGR

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV - CONTINUATION

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MBR

Name and Address:

JIMENEZ, MONICA, A

5040 NW 7TH ST SUITE 705

MIAMI, FL 33126

MBR

RAMIREZ, YENNY, P

5040 NW 7TH ST SUITE 705

MIAMI, FL 33126

MBR

TESTA STARTUP LLC

5040 NW 7TH ST SUITE 705

MIAMI, FL 33126

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TALLAHASSEE, FLORIDA