## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. **VERONA GROUP 25 LLC**

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

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

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

| Verona Group 25 LLC  |
|--|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  |
| 10905 SW 112 Ave \$ 313  |
| miam; Fl 33176   |
|  |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.) |
| Barbara Verona Careaga Castro  |
| Barbara Verona Carraga Castro<br>10905 SW 112 Au #313  |
| m1am1 FL 33176   |
| ARTICLE IV  The name and title of each person authorized to manage and control the Limited  Liability Company: (MGR or AMBR)   |
| Barbara Verona Careaga Castro (AMBR)   |
|  |
|  |
|  |

## Required Signatures:

3052201440

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 Depa tment of State constitutes a third degree felony as provided for in s.817.155, F.S.

Balbara Valora Careaga

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 agnie 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 ager t as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)