

**021000047416**

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : A1A REGISTERED AGENT INC.  
Account Number : I20090000032  
Phone : (561) 792-2236  
Fax Number : (561) 202-8082

**\*\*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.****VENAMI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2021 FEB -8 AM 5:42

2021 FEB -8 AM 9:11

**H21000052312 3****ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY****ARTICLE I: NAME**

The name of the Limited Liability Company is:

**VENAMI LLC****ARTICLE II: Address**

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

**186 SE 12 TERRACE APT 803  
MIAMI, FL 33131****ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

**HECTOR RIVERA  
186 SE 12 TERRACE APT 803  
MIAMI, FL 33131**

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Having been named as registered agent 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.

**HECTOR RIVERA** / Registered Agent's Signature**H21000052312 3**

**H21000052312 3**PAGE 2**VENAMI LLC**

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

**AMBR:****HECTOR RIVERA****186 SE 12 TERRACE APT 803****MIAMI, FL 33131****AMBR:****PRINCEFF FERNANDEZ****186 SE 12 TERRACE APT 803****MIAMI, FL 33131****HECTOR RIVERA**

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

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