

L21000/80257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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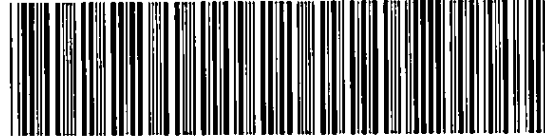
(Business Entity Name)

(Document Number)

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☐ **CERTIFIED COPY** _____
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1. A&C'L Asset Capital Securities, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

A&C'L ASSET CAPITAL SECURITIES, LLC

ARTICLE II - Address:

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

Principal Office Address:

**1200 BRICKELL AVENUE
MIAMI, FL 33131**

Mailing Address:

**502 SW 158 TERRACE #201
PEMBROKE PINES, FL 33027**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

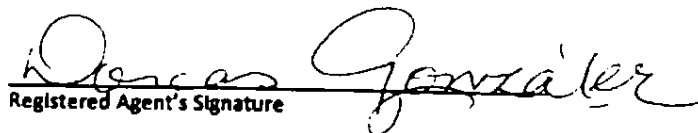
The name and the Florida street address of the registered agent are:

DORCAS GONZALEZ

9000 SHERIDAN STREET, SUITE 138

PEMBROKE PINES, FL 33024

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

(CONTINUED)

ARTICLE IV- Members/Managers

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

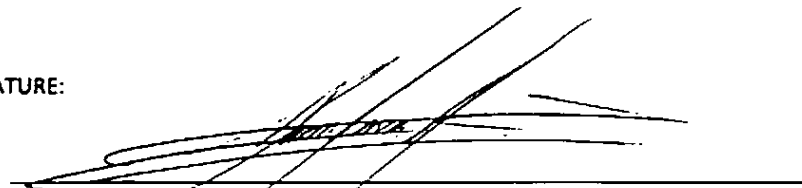
AMBR

**CRISTHIAN A. LOAYZA MEJIA
GREGORIO MARANON Y GUTIERREZ DE SANTA CRUZ
CUENCA, ECUADOR 010205**

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is April 23, 2021.

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.

CRISTHIAN A. LOAYZA MEJIA

Typed or printed name of signee

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