## 21000184372

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

**UMAAN LLC** 

PLEASE RETURN A CERTIFIED COPY & A CERTIFICATE OF GOOD STANDING

CHECK# 8963 FOR: \$160.00

THANK YOU!

## COVER LETTER

	New Filing Sec Division of Co						
SUBJEC	UMAAN I	.I.C					
SOBJEC.		Name of Limited Liability Company					
The enck	osed Articles of	Organization and	fee(s) are submit	ted for tiling.			
Please re	turn all correspo	ondence concernin	g this matter to th	e following:			
	RAUL HUN	1BERTO URIBE	CARDENAS				
		<u> </u>	Name	of Person			
	UMAAN LI	.C					
			Firm/	Company			
	9010 SW 13	7 AVE SUITE 21	4				
			Ac	ldress			
	MIAMI, FL	ORIDA, 33186					
	raul.uribe@u	maan la	City/State	and Zip Code			
			be used for futur	re annual report notificat	ion)		
For further	information co	ncerning this matt	er, please call:				
	CARLOS CI	IAN	786 at (	389-8443			
	Nam	ne of Person	<del></del>	Daytime Telephor	ne Number		
Enclosed	is a check for t	he following amou	ınt:				
	00 Filing Fee	□\$130.00 Filir Certificate of S	ng Fee & □\$ status Cer	155.00 Filing Fee & tified Copy onal copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	New F Divisi P.O. F	ng Address Filing Section on of Corporation Box 6327 passee, FL 32314	s	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

UMAAN LLC		
(Must contain the w	vords "Limited Liabil	ity Company. "L.L.C.," or "LLC.")
ICLE II - Address:		
nailing address and street address of	f the principal office of	of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
0010 037 137 137 01170 3	!14	9010 SW 137 AVE SUITE 214
9010 SW 137 AVE SUITE 2		MIAMI FLOIRDA,33186

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

RAUL HUMBER	TO URIBE CARDENAS				
	Name				
9010 SW 137 AVE . SUITE 214					
Florida street add	ress (P.O. Box <u>NOT</u> acce	ptable)			
MIAMI	FLORIDA	33186			
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..

rand wib 4/27/2021

Course of the Property of

(CONTINUED)

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

Title:	Name and Address:
	uthorized Member
"MGR" = Ma	-
<u>AMBR</u>	RAUL HUMBERTO URIBE CARDENAS 9010 SW 137 AVE SUITE 214
	MIAMI FLORIDA, 33186
	**************************************
	<u> </u>
ARTICLE V: Effective If an effective date is he date of filing.)	ent if necessary)  e date, if other than the date of filing: 04/28/2021'
the document's effective	we date on the Department of State's records.
ARTICLE VI: Other p.	
<del></del>	
REOUIRED	SIGNAPE PROPERTY:
	Signature of a member or an authorized representative of a member.
	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.

RAUL HUMBERTO URIBE CARDENAS

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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