

5/3/2021

Division of Corporations

L21000192924

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H210001771213)))



H210001771213ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I2000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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. XVALUES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

2021 MAY -3 PM 3:16

2021 MAY -3 AM 10:05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

XVALUES "LLC"

(Must end with 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:

Mailing Address:

11077 BISCAYNE BLVD SUITE 400
MIAMI, FL 33161

11077 BISCAYNE BLVD SUITE 400
MIAMI, FL 33161

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:

MARIA CRISTINA PAEZ

Name

11077 BISCAYNE BLVD. SUITE 400

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

MIAMI

FL

33161

City

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.

Cristina Paez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 1

2021 MAY -3 PM 3:17

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	MARIA CRISTINA PAEZ 11077 BISCAYNE BLVD. SUITE-400 MIAMI, FL 33161
"MGR" = Manager	ANDRES FERNANDO CEVALLOS ABAD 11077 BISCAYNE BLVD. SUITE-400 MIAMI, FL 33161
"MGR"	ROBERTO PAEZ MONCAYO 11077 BISCAYNE BLVD. SUITE-400 MIAMI, FL 33161
"MGR"	HELEN JULIE PAEZ 11077 BISCAYNE BLVD. SUITE-400 MIAMI, FL 33161

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

Cristina Paez

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statute, 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.317.125, F.S.)

MARIA CRISTINA PAEZ

Typed or printed name of signer

2021 MAY -3 PM 3:17