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Division of Corporations

Fax Number : (850)617-6381

Front

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC

Account: Number : 120070000033 Phone : (305)649-7040 : (305)643-3237 Fax Number

**Enter the email address for this business entity to be used for future Or annual report mailings. Enter only one email address please, **

FLORIDA LIMITED LIABILITY CO. **CENTENO J. LLC**

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu — Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	CENT	ENO J. LLC	
(Must conta	in the words "Limited Lia	ability Company,	L.L.C.," or "LLC.")
RTICLE II - Address: the mailing address and street ad	dress of the principal offi	ice of the Limited I	Liability Company is:
Principa	l Office Address:		Mailing Address:
8915 SW 223rd TERI	₹	8915	SW 223rd TERR
The Limited Liability Company	nt, Registered Office, & cannot serve as its own R	Registered Agent egistered Agent. Y	
RTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & cannot serve as its own Retive Florida registration.	Registered Agent egistered Agent. Y	t's Signature: Ou must designate an individua
CUTTLER BAY, FL ARTICLE III - Registered Age: The Limited Liability Company on ther business entiry with an action of the name and the Florida street a	nt, Registered Office, & cannot serve as its own Retive Florida registration. ddress of the registered a	Registered Agent egistered Agent. Y	t's Signature: Ou must designate an individua
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RTICLE III - Registered Age The Limited Liability Company on nother business entity with an ac	nt, Registered Office, & cannot serve as its own Retive Florida registration. ddress of the registered a JOUSSELII	Registered Agent egistered Agent. Y) gent are: ETT M. CENTEN Name	t's Signature: ou must designate an individua

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..

(CONTINUED)

ed Agent's Signature (REQUIRED)

21 MAY 24 PH 6: 27
SECRITARY OF SIME

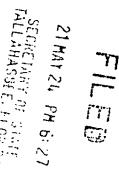
COVER LETTER

TO: Ne Di	w Filing Section vision of Corporations
SUBJECT:	CENTENO J. LLC
SUBJECT:	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	ANA ISABRL ARAICA
	Name of Person
	PEREZ ARCHE ACCOUNTING TAX SERVICES
	Firm/Company
	4011 W. FLAGLER ST STE 501
	Address
	CORAL GABLES, FL 33135
	City/State and Zip Code
-	ARAICAISABEL@GMAIL.COM E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	JOUSSELIETT M. CENTENO 305 244-6184
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
□\$125.00	Filing Fee Status Status Certificate of Stat

Mailing Address
New Filing Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FILED
21 MAY 24 PH 6:2
SECRETARY OF SHAPE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	JOUSELLIETT M. CENTENO
	8915 SW 223rd TERR
	CUTTLER BAY, FL 33190
	
	
fective date is listed, the date must be of filing.)	e date of filing: <u>MARCH/20/2021</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after
LEV: Effective date, if other than the fective date is listed, the date must be of filling.) If the date inserted in this block does iment's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ament's effective date on the Depart LE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed a
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