

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.

(((H210003577213)))



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 : I20000000145 : (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. CELOSA ROSE LLC

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

Page: 3 of 4

## ARTICLES OF ORGANIZATION

OF

## CELOSA ROSE LLC

### ARTICLE I

The name of the limited liability company is CELOSA ROSE LLC

## ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

2347 Biscayne Boulevard Suite 108 Mianti, FL 33137

#### <u>ARTICLE III</u>

The purpose for which this Limited Liability Company is organized is any and all fawful business.

#### **ARTICLE IV**

The name and the Florida street address of the registered agent of the limited liability company is:

Aragon Registered Agents, Inc. 255 Alhambra Circle Suite 500B Coral Gables, FL 33134

Having been named as the 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.

Date: 9-23-2021

Registered Agent's Signature

2021 SEP 24 KH 19: DL

### ARTICLE V

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

Title:

Name and Address:

Manager

Nicolas Hans Buhler c/o 255 Alhambra Circle

Suite 500

Coral Gables, FL 33134

Manager

Jose Antonio Alonso Beckmann

c/o 255 Alhambra Circle

Suite 500

Coral Gables, FL 33134

In accordance with section 605.0203(1)(b). Florida Statutes, the execution of this accument constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Authorized Signee:

Nicolas Hans Buhler

Jose Antonio Alonso Beckmann