

L21000 452683

AXIS FINANCIAL SERVICES, INC. (604) 727-9773 Pages: 5

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.

(((H21000377781 3)))



H210003777813ABC3

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 : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: diana@lamadridfinancial.com

FLORIDA LIMITED LIABILITY CO.
MARIA SOLEDAD MATURANA PA

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2021 OCT 16 10:40:09

2021 OCT 16 AM 10:31

FILED



October 11, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAMADRID FINANCIAL SERVICES CORP

SUBJECT: MARIA SOLEDAD MATURANA PA
REF: W21000135236

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor
New Filing Section

FAX Aud. #: H21000377781
Letter Number: 121A00024735

<H21000377781>

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: MARIA SOLEDAD MATURANA LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA SOLEDAD MATURANA
Name of Person

MARIA SOLEDAD MATURANA LLC
Firm/Company

477 FISHTAIL TERRACE
Address

WESTON, FL 33327
City/State and Zip Code

msole_maturana@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA SOLEDAD MATURAN 786 356-6964
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

<H21000377781>

<H21000377781>

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARIA SOLEDAD MATURANA LLC

(Must contain 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:

477 FISHTAIL TERRACE
WESTON, FL 33327

Mailing Address:

477 FISHTAIL TERRACE
WESTON, FL 33327

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:

LAMADRID FINANCIAL SERVICES CORP

Name

1265 S PINE ISLAND RD

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

<u>PLANTATION</u>	<u>FL</u>	<u>33324</u>
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<H21000377781>

FILED
2021 OCT 19 AM 10:31
CLERK OF COUNTY OF DADE
STATE OF FLORIDA

<H2100037781>

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MARIA SOLEDAD MATURANA
477 FISHTAIL TERR
WESTON, FL 33327

AMBR

CARLOS ANDRES HAUPT
477 FISHTAIL TERR
WESTON, FL 33327

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/09/2021 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Maria Soledad Maturana

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.

MARIA SOLEDAD MATURANA

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)

\$ 5.00 Certificate of Status (Optional)