

L22000166879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

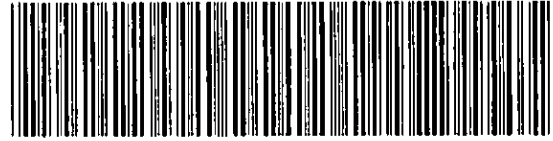
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100386006301

04/22/22--01001--008 \*\*125.00

2022 APR 21 PM 4: 02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2022 APR 21 AM 10: 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue. Tallahassee. Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 4/21 DANNY

**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**XX FILING**

LLC \_\_\_\_\_

**1. SHADDAI 3J INVESTMENT USA, LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**3.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**4.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**5.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**6.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
**SHADDAI 3J INVESTMENT USA , LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**9000 SHERIDAN ST, STE 138  
PEMBROKE PINES, FL 33024**

**Mailing Address:**

**9000 SHERIDAN ST, STE 138  
PEMBROKE PINES, FL 33024**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**RCG ACCOUNTING & ASSOCIATES, INC.  
9000 SHERIDAN ST, STE 138  
PEMBROKE PINES, FL 33024**

*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.*

*/S/DEBORAH RIOS, EA*

\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

**FILED**  
2022 APR 21 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Members/Managers**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

**AMBR**

**JOHN ALEXANDER GARZON HERRERA  
9000 SHERIDAN ST, STE 138  
PEMBROKE PINES, FL 33024**

**AMBR**

**VIVIANA MARIA BONILLA ORTIZ  
9000 SHERIDAN ST, STE 138  
PEMBROKE PINES, FL 33024**

**AMBR**

**JUAN SEBASTIAN GARZON BONILLA  
9000 SHERIDAN ST, STE 138  
PEMBROKE PINES, FL 33024**

**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is April 20, 2022.

REQUIRED SIGNATURE:

**/S/JOHN ALEXANDER GARZON HERRERA**

\_\_\_\_\_  
**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.

**JOHN ALEXANDER GARZON HERRERA**

\_\_\_\_\_  
Typed or printed name of signee