Florid Represent of State 0019 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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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. INDUSTRIAS COSMOPARTES USA, LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

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Corporate Filing Menu

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ARTICLE I - Name: The name of the Limited Liability Company is:

Industrias Cosmopartes USA, LLC

ARTICLE II – Address:

3052201440

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

Principal Office Address:

Mailing Address:

11251 NW 20th Street, Suite 119 Miami, FL 33172

11251 NW 20th Street. Suite 119 Miami, FL 33172

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

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

Andres G. Busato-Comunian

11251 NW 20th Street. Suite 119 Miami, FL 33172

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.

(CONTINUED) Page 1 of 2.

ARTICLE IV - Manager(s) or Authorized Member(s):

3052201440

The name of each Manager or Authorized Member is as follows:

Title:

Name and Address:

Authorized Member

Andres G. Busato-Comunian

Address: 11251 NW 20th Street Suite 119, Miami, FL 33172

ARTICLE V - Effective Date: May 27th, 2022

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(in accordance with section 505.0203(1)(b). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Andres G. Busato-Comunian

Typed or printed name of signes

This doctiment was prepared by: Andres G. Busato-Comunian

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