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Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FLORIDA ACCOUNTING & BUSINESS CONSULTING LLC
Account Number : I20200000185
Phone : (754)200-4294
Fax Number : (844)254-4044

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CORPORATIONS
COMMERCIAL
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**FLORIDA LIMITED LIABILITY CO.
MOKA LOCA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

MOKA LOCA LLC

ARTICLE II - Address:

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

12750 SW 4TH CT APT J 112

PEMBROKE PINES FL 33027

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

ACCOUNTING & BUSINESS CONSULTING LLC

2764 DAVIE BLVD.

FT LAUDERDALE, FL 33312

ARTICLE IV-

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

MGR : DIANA MANRIQUE

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TALLAHASSEE, FLORIDA

Required Signatures:

Diana Manrique
SECRETARY OF STATE

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

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

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.

DIANA MANRIQUE

Typed or printed name of signee

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..

Kessana B. Bonte

Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA






Articles of Organization for LLC (3)

Final Audit Report

2022-07-15

Created:	2022-07-15
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-  Document created by Okssana Doroteo (fabc.taxes@gmail.com)
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-  Email viewed by manriquediana@yahoo.es
2022-07-15 - 6:38:08 PM GMT
-  Document e-signed by Diana Manrique (manriquediana@yahoo.es)
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