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(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
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CARLE JAID/OR VIDEO FRANCHISING DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

2022 AUG -2 AM 8: 5n

COVER LETTER

TO:	New Filing Section of Cor						
SUBJE		S ENTERPRISE LLC					
Name of Limited Liability Company							
The end	closed Articles of	Organization and fee(s)) are submitte	d for filing.			
Please r	return all correspo	ondence concerning this	matter to the	following:			
	SILVIA L LO	OUJEDO					
		-	Name o	f Person			
	ARGENTOS	ENTERPRISE					
	Firm/Company						
	905 NE 199 STREET #207						
	Address						
	MIAMI, FL	33179					
	-19-11-11-11-3-20	2	City/State a	nd Zip Code			
	silvialoujedo@ F		sed for future	annual report notificati	ion)		
For furth	er information con	ncerning this matter, pl	ease call:				
	SILVIA LOU		1-786	356-4123			
	Nam	e of Person		Daytime Telephon	e Number		
Enclose	ed is a check for th	ne following amount:					
■\$125	5.00 Filing Fœ	□\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	New F Divisio	ng Address iling Section on of Corporations ox 6327		Street Address New Filing Section De The Centre of Tallaha 2415 N. Monroe Stree	BSSCC		

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	· Company is:					
The name of the Limited Liability	Company is.					
ARGENTOS ENTER	PRISE LLC					
(Must conta	in the words "Limite	d Liability Con	mpany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	dress of the principal	l office of the L	imited Liability Company is:			
Principal Office Address:			Mailing Address:			
905 NE 199 STREET	#207		905 NE 199 STREET #207			
MIAMI, FL 33179			MIAMI, FL 33179			
	SILVIA L LOUJEDO Name 905 NE 199 STREET #207					
	Florida street address (P.O. Box NOT acceptable)					
	MIAMI	FL	33179			
	City	State	Zip			
place designated in this certificate, further agree to comply with the pr	I hereby accept the approvisions of all statutes ligations of my positions	ppointment as restricting to the on as registered	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S Signature (REQUIRED)			

(CONTINUED)

FILES

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager EDUARDO A ZAPPAL AMBR 905 NE 199 STREET #207 MIAMI. FL 33179 SILVIA L LOUJEDO 905 NE 199 STREET #207 **AMBR** MIAMI, FL 33179 (Use attachment if necessary) 07/28/2022 ARTICLE V: Effective date, if other than the date of filing: (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:**

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.

SILVIA L LOUJEDO

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)