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

From: Account Name : R&P ACCOUNTING AND TAXES INC
Account Number : I20170000090
Phone : (305)358-1310
Fax Number : (305)503-6701

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

Email Address: arod8723@gmail.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 AUG 21 AM 7:39

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2022 AUG 24 PM 12:16

**FLORIDA LIMITED LIABILITY CO.
LEYRE BUSINESS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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

ARTICLE I

The name of the Limited Liability is:

LEYRE BUSINESS LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II

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

Principal Office Address
7131 Gran National Drive Unit # 103
ORLANDO, FL 32819

Mailing Address
7131 Gran National Drive Unit # 103
ORLANDO, FL 32819

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TALLAHASSEE, FLORIDA

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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:

ECCO PLANET CORP

Name

175 SW 7th SUITE # 1515

Florida Street address (P.O. Box NOT acceptable)

MIAMI, FL 33130

FL City, State, and 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.

X _____

Registered Agent's Signature (REQUIRED)

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FLORIDA

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ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:

Title

INVERSIONES Y RENTAS LEYRE LIMITADA
Calle Canal la Punta 8770bodega 70,
comuna de Renca, Región Metropolitana
Santiago, Chile

AUTHORIZED MEMBER 100%

JOSE ANTONIO CORDOVA DOMINGUEZ
7131 Gran National Drive Unit # 103
ORLANDO, FL 32819

MANAGER

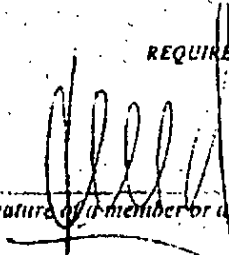
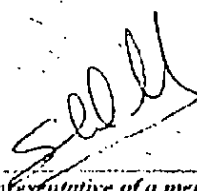
MARIA SOLEDAD DE ORTE GLARIA
7131 Gran National Drive Unit # 103
ORLANDO, FL 32819

MANAGER

ARTICLE V

Effective date, if other than the date of filing (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.)

REQUIRED: SIGNATURE

X  
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.

JOSE ANTONIO CORDOVA DOMINGUEZ / MARIA SOLEDAD DE ORTE GLARIA

Typed or printed name of signee

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ALLAHASSEE, FLORIDA

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ARTICLE VI

The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

The main objective of the company is: HOLDING / REAL ESTATE

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