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Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
AMAZING PETS SHOP LLC

Certificate of Status	0
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APR 10 2024

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

**2024 APR -9 PM 12: 48**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SECRETARY OF STATE  
TALLAHASSEE, FL**

AMAZING PETS SHOP LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

11231 NW 7TH ST  
APT 02  
MIAMI, FL 33172

11231 NW 7TH ST  
APT 02  
MIAMI, FL 33172

**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:

HUMBERTO GARCIA  
Name

11231 NW 7TH ST APT 02  
Florida street address (P.O. Box **NOT** acceptable)

MIAMI                      FL                      33172  
City                          State                          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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

HUMBERTO GARCIA  
11231 NW 7TH ST APT 02  
MIAMI, FL 33172

MGR

CAMILA TARASCIO CACERES  
240 LAKEVIEW DR APT 105  
WESTON, FL 33326

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

(Use attachment if necessary)

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.)

**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:**

Humberto Garcia

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.

Bela  
Typed or printed name of signer

**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)