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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 : JSD & COMPANY PA
Account Number : I20190000114
Phone : (786)286-2705
Fax Number : (305)901-6024

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

Email Address: IMPORTAFIM@HOTMAIL.COM

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RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.
IMPORTAFIM LLC**

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

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TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION
OF
IMPORTAFIM LLC**

The undersigned, as a member or an authorized representative of a member of the Company pursuant to Chapter 605, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named:
IMPORTAFIM LLC.

ARTICLE I.

NAME

The name of the Limited Liability Company shall be:
IMPORTAFIM LLC

ARTICLE II.

ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company shall be: 400 Kings Point Dr Apt 609 Sunny Isles Beach, FL 33160

ARTICLE III.

EFFECTIVE DAY

The effective day for this Limited Liability company shall be 08/27/2024.

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TALLAHASSEE, FL

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ARTICLE IV.**DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE V.**PURPOSE OF ORGANIZATION**

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purpose permitted under Section 605 of the Florida Statutes 1993, as amended from time to time, and for any and all other applicable or governing laws of the State of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

ARTICLE VI.**MANAGEMENT**

This Limited Liability shall be managed by Two Managers and the names and address of the Managers are:

Title: MGRCARLOS A.**First Name**IRIARTE**Last Name**

400 Kings Point Dr Apt 609
Sunny Isles Beach, FL 33160

Title: MGRANDRES F.**First Name**IRIARTE MARTINEZ**Last Name**

400 Kings Point Dr Apt 609
Sunny Isles Beach, FL 33160

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SUNNY ISLES BEACH, FL

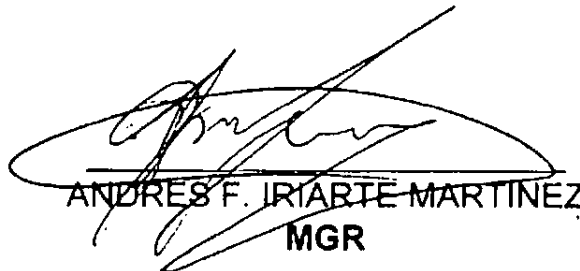
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ARTICLE VII.**ADMISSION OF NEW MEMBERS**

Unless otherwise herein specified, no new Members shall be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the trail existing ownership interest each Member has in the Limited Liability Company. No individual Member and/or managing Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.

ARTICLE VIII.**CONTINUATION AFTER INVOLUNTARY TERMINATION**

In the event of termination of the Limited Liability Company due to death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of Limited Liability Company provided that 100% of the ownership interest then remaining shall have to do so in writing.


ANDRES F. IRIARTE MARTINEZ
MGR

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 605, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

IMPORTAFIM LLC
400 Kings Point Dr Apt 609
Sunny Isles Beach, FL 33160

2. The name and address of the registered agent and office is:

ANDRES F. IRIARTE MARTINEZ
400 Kings Point Dr Apt 609
Sunny Isles Beach, FL 33160

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STATE OF FLORIDA
SUNBIZ

Having been named as registered agent and to accept service of process for the above stated corporation 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


ANDRES F. IRIARTE MARTINEZ - Registered Agent

Date: 08/27/2024

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