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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PADRO AND COMPANY, P.A.
Account Number : I20050000094
Phone : (305)500-9361
Fax Number : (305)500-9492

FLORIDA/FOREIGN LIMITED LIABILITY CO.

The Format LLC

Certificate of Status	0
Certified Copy	1
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Format LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose F. Padro

(Name of Person)

Padro & Company, P.A.

(Firm/Company)

8325 NW 53 ST , Suite 102

(Address)

Miami, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Raquel Rodriguez

(Name of Person)

at (305)

500-9361

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Format LLC

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

ARTICLE II - Address:

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

Principal Office Address:

8325 NW 53 ST

Suite 102

Miami, FL 33166

Mailing Address:

Same

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:

Jose F. Padro

Name

8325 NW 53 ST, Suite 102

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL 33166

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 608, F.S.

Jose F. Padro

Registered Agent's Signature (REQUIRED)

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(CONTINUED)

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H08000009091 3 **ARTICLE IV- Manager(s) or Managing Member(s):**
The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

"MGRM"

Name and Address:

Juan B. Gonzalez Perez

8325 NW 59 ST, Suite 102

Miami, FL 33166

(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.)

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Juan B. Gonzalez Perez

Typed or printed name of signer

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