

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L15000085550

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To:

Effective Date 5/14/15

Division of Corporations

Fax Number : (850) 617-6383

From:

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**FLORIDA LIMITED LIABILITY CO.  
TRULY CUBA, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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15 MAY 14 AM 11:26

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MAY 15 2015  
J. HARRIS

**H15000117694** Effective Date **5/14/15****ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

TRULY CUBA, LLC.

(Must end with 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:**3900 NW 79 AVENUESUITE 634DORAL, FL 33166**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:

MARLENE FERNANDEZ

Name

3900 NW 79 AVENUE SUITE 634Florida street address (P.O. Box **NOT** acceptable)DORALFL33166

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)

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**H15000117694****ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**VICTOR HERRERA ZENIL3900 NW 79 AVENUE SUITE 634DORAL, FL 33166MGREDUARDO SABIO RAMOS3900 NW 79 AVENUE SUITE 634DORAL, FL 33166MGRGARY ROBERTO GONZALEZ3900 NW 79 AVENUE SUITE 634DORAL, FL 33166

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 05/14/2015 (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:***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. 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.)

EDUARDO SABIO RAMOS

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)

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