

L19000223544

Florida Department of State
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(((H19000273300 3)))



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To:

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Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305)442-1567
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Email Address: mfreeman@freemanni.com

FLORIDA LIMITED LIABILITY CO.
Waidiam International LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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SEP 12 2019

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Waidiam International LLC

ARTICLE II – Address:

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

Principal Office Address: 153 Sevilla Avenue
Coral Gables, FL 33134

Mailing Address: P.O. Box 140668
Coral Gables, FL 33114-0668

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

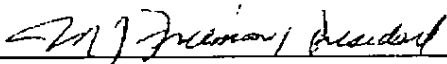
The name and the Florida street address of the registered agent are:

M. J. F. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134
City, State, and Zipcode

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
(Michael J. Freeman, President)

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ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Authorized Member is as follows:

Title:

"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

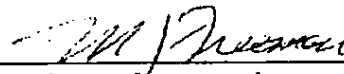
MGR

Sevilla Services Inc.
P.O. Box 140668
Coral Gables, FL 33114-0668

MGR

Castor Corporate Director Ltd.
3rd Floor, Yamraj Building
Market Square, PO Box 3175
Road Town, Tortola BVI

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.)

Michael J. Freeman, President of Sevilla Services Inc., its Manager

Type or print name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)

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NOTES:

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