

Jun 19 2023 16:12
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

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CORPORATIONS
COMMERCIAL
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FLORIDA LIMITED LIABILITY CO.
Mascotas FlyGo LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mascotas FlyGo 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:

8285 NW 64th st. Unit 5
Miami FL 33166

Mailing Address:

8285 NW 64th st. Unit 5
Miami 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:

Gladys Bulnes

Name

8285 NW 64th Street -Unit 5

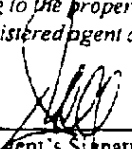
Florida street address (P.O. Box **NOT** acceptable)

<u>Miami</u>	<u>Florida</u>	<u>33166</u>
City	State	Zip

2023 JUN 19 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

I 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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

<u>Manager</u>	<u>Danilo Sebastian Cordero</u> 70% Units <u>8285 NW 64th st, Unit 5</u> <u>Miami - FL 33166</u>
<u>Authorized Member</u>	<u>Francesco Vanoli</u> 30% Units <u>8285 NW 64th st, Unit 5</u> <u>Miami - FL 33166</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(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.

The number of units authorized to issue are: 1000

REQUIRED SIGNATURE:



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.

Danilo Sebastian Cordero
Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FL

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