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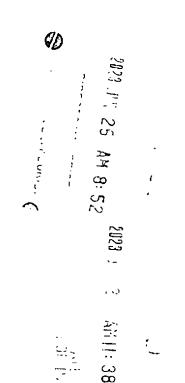
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates of	Status
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COVER LETTER

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	New Filing Sec Division of Co				
SUBJEC		OS Y TEQUILA LLC			
000000		Name of Lin	ited Liabili	ty Company	
The enclo	osed Articles of	Organization and fee(s) are	submitted	for filing.	
Please re	turn all correspo	ondence concerning this ma	tter to the fo	ollowing:	
	Pedro A Riv	era			
			Name of	Person	
	Rivera & As	sociates			
			Firm/Cor	npany	
	3201 Buding	ger Ave			
			Addre	rss	
	St. C;oud FI	. 34769			
			ity/State and	l Zip Code	
	privsep@yahe	E-mail address: (to be used	for future as	anual report potificati	an)
				inual report normeati	onj
For further	information co	ncerning this matter, please	call:		
	Pedro Rivera	40 at (17	350-2556	
	Nam	e of Person A	rea Code	Daytime Telephone	e Number
Enclosed	is a check for the	he following amount:			
•\$125. (00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailin</u>	g Address	;	Street Address	
		iling Section		New Filing Section Di	
		on of Corporations		The Centre of Tallaha 2415 N. Monroe Stree	
		ox 6327 assee, FL 32314		2413 N. Monroe Stree Fallahassee, FL 3230	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
FICLE II - Address:	
	the Limited Liebilian Comment in
mailing address and street address of the principal office of	the Limited Liability Company is:
mailing address and street address of the principal office of Principal Office Address :	Mailing Address:
	, , ,

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

KATHERINE LOZA!	NO HERRERA	
· · · · · · · · · · · · · · · · · · ·	Name	
13362 BROOKWATE	R DR	
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
JACKSONVILLE	FL	32256
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)

(CONTINUED)

2023 JUL 25 AMIN: 38

ARTICLE IV-

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

<u>Title:</u>		Name and Address:
	thorized Member	
"MGR" = Mai	ager	
MGR		KATHERINE LOZANO HERRERA
		13362 BROOKWATER DR
		JACKSONVILLE FL 32256
MGR		KENIA DAMARY PADILLA EUCEDA
		2428 ALDEN TRACE BLVD W JACKSONVILLE FL 32246
		THORSON VIELE I B 322 V
-		
•	nt if necessary)	
CLE V: Effective ffective date is le	date, if other than the sted, the date must l	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)