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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## LIMITED LIABILITY COMPANY

## OLIVOS GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**OLIVOS GROUP LLC**

## ARTICLE II - Address:

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

**3230 SW 60th Ave, Miami, FL 33155.**

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**ADRIAN GOETT**

Name

**3230 SW 60th Ave,**

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

**Miami**

**FL**

**33155.**

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.*

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(Member)  
**Marcelo D. Levy**  
**3230 SW 60 Ave**  
**Miami, FL 33155.**

(An additional article must be added if an effective date is requested)

(Member)  
**Jorge Kilich**  
**3230 SW 60 Ave**  
**Miami, FL 33155.**

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.)

**MARCELO D. LEVY / MEMBER.**

Typed or printed name of signer

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