

L04000092972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

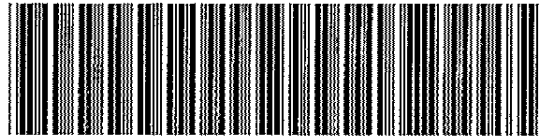
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12/22/04  
Requestor's Name Luis Feijoo  
Address 1521 Alton Rd #732  
Miami Beach, FL 33139  
City State ZIP Phone

CORPORATION(S) NAME

Agostina, LLC

- ☐ Profit ☐ NonProfit ☐ Amendment ☐ Merger ☐ Foreign ☐ Dissolution ☐ Mark ☐ Limited Partnership ☐ Annual Report ☒ Other LLC ☐ Reinstatement ☐ Reservation ☐ Change of Registered Agent ☒ Certified Copy ☐ Photo Copies ☐ Certificate Under Seal ☐ Call When Ready ☐ Call If Problem ☐ After 4:30 ☒ Walk In ☐ Will Wait ☒ Pick Up ☐ Mail Out

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

AGOSTINA, 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:

1521 ALTON RD #732  
MIAMI BEACH, FL 33139

1521 ALTON RD #732  
MIAMI BEACH, FL 33139

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

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

LUIS FEIJOO  
Name  
1504 BAY RD APT M1012  
Florida street address (P.O. Box **NOT** acceptable)  
MIAMI BEACH FL 33139  
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..*

 LUIS FEIJOO  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

LUIS FEIJOO  
1504 BAY RD APT 11012  
MIAMI BEACH, FL 33139

\_\_\_\_\_

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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.)

LUIS FEIJOO

\_\_\_\_\_  
Typed or printed name of signee