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Office Use Only



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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporatio	ns				
SUBJECT: Mi Wasi REI, LL	C (Name of Limite	ed Liability Cor	mpany)		
The enclosed Articles of Organi		-			
Please return all correspondence	e concerning this matte	er to the follow	ing:		
Luis A. Ahumad		Name of l'erson)			
	(	Name of Person)			
Mi Wasi REI, LLC					
	(	Firm/Company)			
1103 Landale Ct					
		(Address)			
Orlando, FL	32828				
	(City	State and Zip Co	ode)		
For further information concerns	ing this matter, please	call:			
Luis A. Ahumada		at (_407	275-9812		
(Name of Perso.  Enclosed is a check for the fo		(Area C	ode & Daytime Te	elephone Number) LAHAS	
<b>Ø</b> \$125.00 Filing Fee ☐ \$1	30.00 Filing Fee & ficate of Status	Certified Co	Filing Fee & oppy sy is enclosed)	S160.00 Filing Fee Certificate of Status & Certified Copy (additional copy menclosed)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
STREET AD Registration S Division of Co 409 E. Gaines Tallahassee, F	ection orporations Street		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection prorations	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company i	s:
Mi Wasi REI, 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:
1103 Landale Ct	1103 Landale Ct
Orlando, FL 32828	Orlando, FL 32828
The name and the Florida street address of the Luis A. Ahumada	
Nam	ne
1103 Landale Ct	
Florida street a	iddress (P.O. Box <u>NOT</u> acceptable)
Orlando, FL 32828	FL AF
City, State	and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as: it is it. I further agree to comply with the provisions of all your formance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

The name and address of each Manage	r or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Luis A. Ahumada
	1103 Landale Ct
	Orlando, FL 32828
(Use attachment if necessary)	e added if an effective date is requested.
NOTE. All additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	e added if all ellective date is requested. All B
100	
Signature of a member	or an authorized representative of a member
	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
ř	Ahomada
Type	d or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

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

\$ 5.00 Certificate of Status (Optional)