# L0500002972

Division of Corporations

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# Florida Department of State

Division of Corporations Public Access System

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URICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILI	TY COM	PAN	(
ARTICLE 1 - Name: The name of the Limited Liability Company is	r			
Los Andes CARper	HRY LLC			
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Lia	bility Com	pany is	:
Principal Office Address:	Mailing Address:			
3761 FAST 8 AVENUE HiBlenh Florida 33013	Same			
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's	Signature	:	
The name and the Florida street address of the	registered agent are:		٠	
Adrian E. Fe	errari			
3761 EAST PHOTIGE STREET ST	8 AVENUE Idress (P.O. Box NOT acceptable)			
Hipleah City, State,	FL 33013			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept the ty. I further agree to comply with t erformance of my duties, and I am	appointme he provisio familiar w	ent as ons of a ith and	
10	`	SEC	200.	
Rogistered Agent	's Signature	CRETARY O	HAR 24	
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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address; "MGR" - Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signatury 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.) ERRAR Typed or printed name of signee Filing Free: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) 3 5.00 Certificate of Status (Optional) Page 2 of 2

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