

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : XIOMARA LEE, P.A.

Account Number : I20040000008

Phone : (305) 262-2323

Fax Number : (305) 262-2324

JM

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05 MAY -5 AM 7:55
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

INVERSIONES LATINO LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

STATE SECRETARÍA
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVERSIONES LATINO 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:**4510 SW 5 ST4510 SW 5 STMIAMI, FL 33134MIAMI, FL 33134**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MARCO A. FLORES

Name

4510 SW 5 STFlorida street address (P.O. Box **NOT** acceptable)MIAMIFLORIDA 33134

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, Florida Statutes.

x

Registered Agent's Signature

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TALLahassee, FLORIDA

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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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MARCO A. FLORES

4510 SW 5 ST

MIAMI, FL 33134

MGRM

MARLIN MEJIA

4510 SW 5 ST

MIAMI, FL 33134

(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.)

MARCO A. FLORES

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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