

L 110000013163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

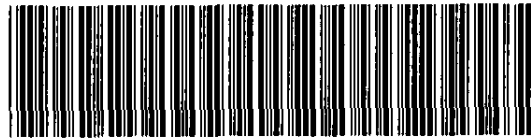
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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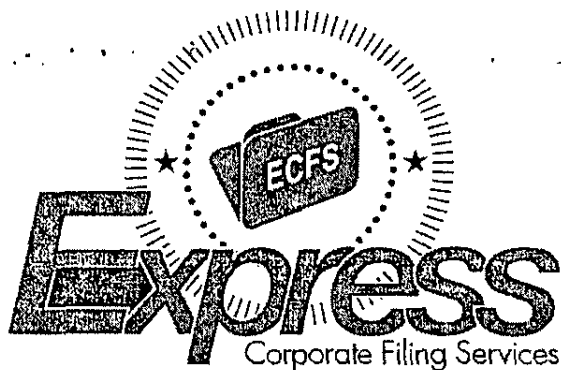
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11 FEB - 1 AM 10:56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
FEB - 1 2011  
EXAMINER

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB - 1 PM 1:50



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

FILED STATE  
SECRETARY OF CORPORATIONS  
11 FEB - 1 PM 1:50

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Aconcaqua, LLC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☒ Pick up time    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB - 1 PM 1:50

**ARTICLE I - NAME**

The name and address of this Limited Liability Company shall be:

**ACONCAGUA, LLC.**

**ARTICLE II - ADDRESS**

**4701 WEST FLAGLER STREET**

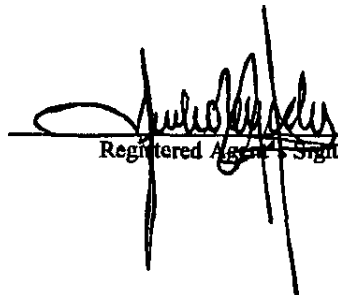
**Miami, FL 33134**

**ARTICLE III - NAME OF REGISTERED  
AGENT, ADDRESS OF REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE**

The name and street address of the L.L.C.'s initial registered resident agent shall be:

**JULIO A TEJEDOR DVM  
4701 WEST FLAGLER STREET  
MIAMI, FL 33134**

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 VII - MANAGEMENT**

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

**ALBERTO E STARK "MGRM"**

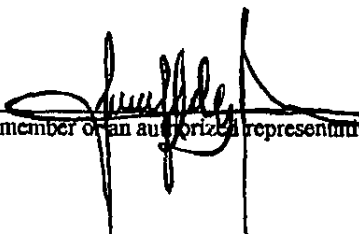
**1533 MENDAVIA AVENUE**

**CORAL GABLES, FL 33142**

**JULIO A TEJEDOR "MGRM"**

**8191 SW 112 STREET**

**MIAMI, FL 33158**

  
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)

  
Printed name or signature