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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA LIMITED LIABILITY CO. **CUESTA INVESTMENTS LLC**

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge

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B. BOS MAR EXA

H11000061545

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is	· ·			
Cuesta Inves	tments LLC			
(Must end with the words "Limited Link	oility Company, "U.L.G" or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Li	ability Com	pany i	s:
Principal Office Address:	Mailing Address:		, 14.00	
WIND TO A LIZED TO AN				
14837 SW 45- 14K				
MIGWI, FL 33185				
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cause serve as its own Regional entity with an active Florida registration.)				
The name and the Florida street address of the	registered agent are:	A C	4	
Alicia Here	PVA	SE SE	X K	***************************************
Name	¢	ASK.	20	chronous chronous
14837 SW	43es Terr	SEE C	က ဆ	1
Florida street ac	idress (P.O. Box NOT acceptable)	<u>-17</u> (C	P# 12:	
Wlidwi	fl 33185	- PZ Z	$\ddot{\omega}$	
City, S	itate, end Zip	ã. ĕ.	25	
Hardna have named as realistered assets and to	annered services of memores for the	electrical	Timetee	,

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 (REQUIRED)

(CONTINUED)

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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	
MQK_	Nova Margarita Lazzaretto
mar	Alicia Herrera
MAR	Carlos Eduardo Cuesta 400 Golf Brook Circle Aptico
MAR	Carplyn Cuesta 3520 E. Sandpiper Drive #7 Bounton Beach #1 33436
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dz (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	pecific and caused be more than five business days prior
REQUIRED SIGNATURE:	PHIZ:
- Glice D	Em on
(In accordance with section 608.40 constitutes an affirmation under the lam swere that any false informatic constitutes a third degree felony as AIICIO H	8(3), Florida Statutes, the execution of this document o penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State
Filing Fees: \$125.00 Filing Fee for Articles of Organiza of Registered Agest \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	etion and Designation

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