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FLORIDA LIMITED LIABILITY CO.  
SUACOP LLC

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EXAMINER

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

**ARTICLE I - Name:**

*The name of the Limited Liability Company is:*

**SUACOP LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")*

**ARTICLE II - Address:**

*The mailing address and street address of the principal office of the Limited Liability Company is:*

**Principal Office Address:**

10127 NW 43 TERRACE  
DORAL, FL. 33178

**Mailing Address:**

5534 NW 101 ST CT  
DORAL, FL 33178

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's**

**Signature:** *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

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

**R&P ACCOUNTING & TAXES INC**

*Name*

**150 S.E 2<sup>ND</sup> AVE SUITE 1110**

*Florida street address (P.O. Box NOT acceptable)*

**MIAMI, FL. 33131**  
*FL 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, F.S*



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**Registered Agent's Signature (REQUIRED)**

**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

**MGRM**

**MARIA C SUAREZ**  
10127 NW 43 TERRACE  
DORAL, FL. 33178

**MGR**

**CLAUDIA S BELLIDO**  
10127 NW 43 TERRACE  
DORAL, FL. 33178


**MGR**

MAURICIO SUAREZ  
10127 NW 43 TERRACE  
DORAL, FL. 33178

*(Use attachment if necessary)*

**ARTICLE V: Effective date, if other than the date of filing (OPTIONAL)**  
*(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)*

**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.)*

**MARIA C SUAREZ**  
*Typed or printed name of signee*