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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dod	cument Number)	
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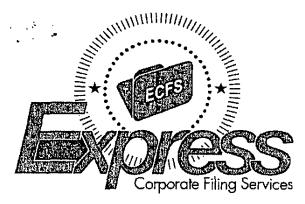
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE OF CORPORATIONS



1000 Ponce de Leon Blvd. Suite: 101 Coral Gables, FL 33134

Phone: 305 444 4994

Email-filing@ecfsfiling.com

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Examiner's Initials

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

(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
Walk in Pick up time	eCertified Copy	
Mail out Will wait	Photocopy Certificate of Statu	
*		
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	
Fictitious Name —		
	Limited Partnership	

Reinstatement Trademark

Other

Name Reservation

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "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: 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: Florida street address (P.O. Box NOT acceptable) 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.. lature (REOURED)

(CONTINUED) Page 1 of 2

The name and address of each Mana	nger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR.	Andres Ceandro Changes 11 50 157 AE
Mgem	Jose' Alberto Sanchez
	8311 SW 157 AUG Und 4702 Hrany Rl. 33193
Morn	A.A.
1.36 (2.11)	8311 SW 157 AUS Unit # 702 Hypnin F1 3319
	OUR # 105 HVOWIT LE 271
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must b	e date of filing: (OPTIONAL) e specific and cannot be more than five business days p
0 days after the date of filing.)	•
•	
REQUIRED SIGNATURE:	
11	
√ 1 1a	· Tous
No	
Signature of a membe	r or an authorized to resentative of a member.
(In accordance with sec	ction 608.408(3), Florida Statutes, the execution
In accordance with sec	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury