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	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INCO Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)220-1440 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:
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#2183 P.002/003

H12000187986 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.," H120000 (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.," H120000 (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.," H120000 (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.," H1200000 (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.," H1200000 (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.," H1200000 (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.," H1200000 (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.," H1200000 (Must end Bability Company, C.L.C., or "LLC.," H1200000 (Must end Jability Company cannot serve as its own Registered Agent, You must designate an individual or another bability company cannot serve as its own Registered Agent, You must designate an individual or another bainas entity with an active Florida registration. H1200000 (H1200000) H1200000 (H12000000)

BEATRIZ ROYO Name

<u>201 BUE LAGOON DR.</u> # Florida street address (P.O. Box <u>NOT</u> acceptable) <u>Miami</u><u>FL</u><u>33126</u> 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.

Registered Agent's Signature (RE/2011RED)

(CONTINUED) Page 1 of 2

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H12000187986 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: <u>Title:</u> Name and Address: "MGR" = Manager "MGRM" = Managing Member $R_{J}Z$ ME RUZ AGOON LAGOC (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (ÖPTIONAL) 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.) **<u>REQUIRED</u> SIGNATURE:** Signature of a memb entative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.) FATICIZ Ó Typed or printed name of signee

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