Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CLARA GIRALDO, P.A.

Account Number : I19990000017

: (305)485-9300

Phone Fax Number

: (305)485-1098

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
		•	

FLORIDA LIMITED LIABILITY CO. BOOMPIE, LLC.

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Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

BOOMPIE, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:



ARTICLE II - ADDRESS

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

6781 NW 112 AVE APT # 109 DORAL, FL. 33178

The mailing address shall be: ->

P.O. BOX 398008 MIAMI BEACH, FL. 33239

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

1.5

1 3

CARLOS HERNAN OSORIO

5781 NW 112 AVE APT # 109
Florida street(address (P.O.BOX NOT acceptable))

DORAL, FL. 33178 City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 H130000372203



#130000 372.203

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 IV- MANAGEMENT

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

CARLOS HERNAN OSORIO 5781 NW 112 AVE APT # 109 DORAL, FL. 33178

MANAGER

OMAR MAZO 5781 NW 112 AVE APT # 109 DORAL, FL. 33178 MANAGER

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(in accordance with section 608.408(3), Florida Statutes, the execution of this focument constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SILVESTRE ESPINOSA
Typed or printed pame of signee