

L13000033409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

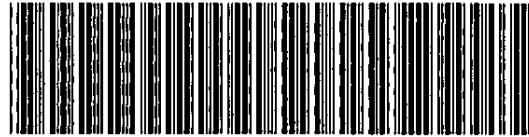
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03/04/13--01029--010 **160.00

EFFECTIVE DATE 3/1/2013

FILED
13 MAR -4 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

CloudShopper LLC.

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

EFFECTIVE DATE 3/1/2013

Please return all correspondence concerning this matter to the following:

Ulises I. Orozco

Name of Person

CloudShopper LLC.

Firm/Company

6930 NW 179th Street; Unit 406

Address

Miami, FL 33015

City/State and Zip Code

ulises@cloudshopper.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ulises I. Orozco

786

282-2023

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE 3/1/2017

CloudShopper LLC.

(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:

1010 NE 2nd Avenue

Miami, FL 33132

Mailing Address:

6930 NW 179th Street

Unit 406

Miami, FL 33015

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:

Ulises I. Orozco

Name

6930 NW 179th Street; Unit 406

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

Miami, FL 33015

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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

Name and Address:

MGRM

Ulises I. Orozco

6930 NW 179th Street; Unit 406

Miami, FL 33015

MGRM

Josue R. Rodriguez

12765 SW 10th Street

Miami FL 33184

MGRM

Peter J. Martinez

3062 Bird Ave; D4

Coconut Grove, FL 33133

MGRM

Dante E. Joseph

1485 NE 142nd Street


Miami, FL 33161

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 1, 2013 (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. 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 s.817.155, F.S.)

Ulises I. Orozco

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)