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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CLARA GIRALDO, P.A.
Account Number : 119990000017
Phone : (305) 495-9300
Fax Number : (305) 495-1098

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.
COLLANTE ENTERPRISES, LLC.**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
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Corporate Filing Menu

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AUG 28 2014
J. BRUCE

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

COLLANTE ENTERPRISES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

COLLANTE ENTERPRISES, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**15753 SW 60 ST
MIAMI, FL. 33193**

The mailing address shall be:

**15753 SW 60 ST
MIAMI, FL. 33193**

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

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

IVONNE TORIBIO

15753 SW 60 ST

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

MIAMI, FL. 33193

City, State, and Zip

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TALLAHASSEE FLORIDA

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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 605, 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.

IVONNE TORIBIO
15753 SW 60 ST
MIAMI, FL. 33193

MANAGER

LUIS BERNARDO COLLANTE PERARTA
15753 SW 60 ST
MIAMI, FL. 33193

MANAGER

PEDRO VENTURA
15753 SW 60 ST
MIAMI, FL. 33193

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 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

IVONNE TORIBIO
Typed or printed name of signee

CLARA GIRALDO P.A.
REGISTERED AGENT

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