

L14 000141268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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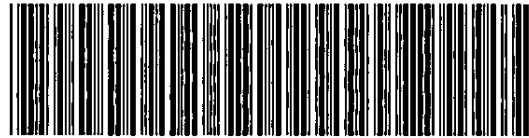
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ELEMENTAL MIRACLE COMPANY**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

GERMAN JARQUIN

Name of Person

Firm/Company

13501 SW 128 STREET SUITE 102

Address

MIAMI FLORIDA 33186

City/State and Zip Code

JPIEDRAHITASCARPETTA@ELEMENTALCOLOMBIA.COM

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

For further information concerning this matter, please call:

GERMAN JARQUIN at ( 305 ) 814-9775ELE  
Name of Person Area Code Daytime Telephone Number

243025

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ELEMENTAL MIRACLE COMPANY 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:**

13501 SW 128 STREET

SUITE 102

MIAMI, FL 33186

**Mailing Address:**

13501 SW 128 STREET

SUITE 102

MIAMI, FL 33186

**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:

GERMAN JARQUIN

Name

13501 SW 128 STREET SUITE 102

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

MIAMI

City

FL 33186

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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

JOSE ANTONIO PIEDRAHITA SCARPETTA

13501 SW 128 STREET SUITE 102

MIAMI, FL 33186

MGR

ADOLFO PAZMINO

13501 SW 128 STREET SUITE 102

MIAMI, FL 33186

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 09/01/2014 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Jose Antonio Piedrahita  
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. 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.)

Jose Antonio Piedrahita

Typed or printed name of signer

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA