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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Edwin Conrado RIVERA & ASSOCIATES, UC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Edwin C. RIVERA
Name of Person
Edwin Connado Quena & Associates, UC
Firm/Company
10311 S.W. 7th TER
Address
Miami, FL. 33174  City/State and Zip Code
edwin connado nivera e quail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edwin C. Ruens at 305, 905-7676  Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations  STREET ADDRESS: Division of Corporations
Registration Section Registration Section P.O. Box 6327 Clifton Building
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
Edwin Connado Ruena & Associates, UC (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:  Mailing Address:
MIANY, FC. 33174 SAME
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:    Cdwin C- Rivers   Name
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)
Page 1 of 2

"MGR" = Authorized Member "MGR" = Manager  U.G.	Title:	Name and Address:
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of member or an authorized representative of a member.  (In accordance with section 665 02030 (1) (b), Florida Statutes, the execution of this document nstitutes an affirmation under the plenatics of perjury that the facts stated herein are true. In aware that any false information submitted in a document to the Department of State nstitutes a third degree felony as provided for in a 817.155, F.S.)  Company of the provision of Organization and Designation of Registered Agent (1) Certified Copy (Optional)  Of Certificate of Status (Optional)		emoer / A A
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