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☐ PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
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Special Instructions to	Filing Officer:				
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Office Use Only



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SECKETARY OF STATE
STATE OF CURTORATION

15 MAY 21 PM 1: 13

## **COVER LETTER**

	tration Section on of Corporations				
SUBJECT:	บา	OR, LLC			
SUBJECT: _	Name of I	Limited Liabili	ty Company	<del> </del>	
The enclosed A	rticles of Organization and fee(s)	are submitted	for tiling.		
Please return al	I correspondence concerning this	matter to the fo	ollowing:		
		Ramon A. Ji	menez Sr		
		Name of	Person		
		UTOR.	LLC		
		Firm/Co	npany		
		11221 SW 62r	d Terr,		
		Addre	ess		
	_	Miami, FL 3	3173		
	roi	City/State and imenezsr@gm	•		
	E-mail address: (to be use			on)	
For further inforr	nation concerning this matter, plea	ise call:			
Ran	ion A. Jimenez Sr	305	494-0861		
		Area Code			
Enclosed is a ch	eck for the following amount:				
\$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	Certifie	) Filing Fee & d Copy I 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 Address Registration Section Division of Corporatio Uifton Building 661 Executive Cente		

Tallahassee, FL 32301

SECRETARY OF STAIL SECRETARY OF STAIL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must an	UTOR LLC  Id with the words "Limited Lie	ability Company	ell C "or fil C")	
(Must el.	d with the words "Emitted Ele	aomity Company.	, E.E.C., W Tibe. )	
ICLE II - Address: mailing address and street	address of the principal office	e of the Limited	Liability Company is:	
-	ipal Office Address:		Mailing Address:	
<u> </u>	_	1122	<del></del>	
11221 au 62nd Ta	****	11221 SW 62nd Terr		
Limited Liability Compa er business entity with a	gent, Registered Office, & F	Miar Registered Agen gistered Agent.	ni FL 33173	
Miami, FL 33173  TICLE III - Registered A e Limited Liability Compa ther business entity with a	gent, Registered Office, & For the serve as its own Regin active Florida registration.)	Registered Agent gistered Agent. Y	ni FL 33173 at's Signature:	
Miami, FL 33173  TICLE III - Registered A e Limited Liability Compa ther business entity with a	gent, Registered Office, & For the Registered as its own Registration.)  et address of the registered agone Ramon A.	Registered Agent gistered Agent. Yent are:	ni FL 33173 at's Signature:	
Miami, FL 33173  TICLE III - Registered A the Limited Liability Compa ther business entity with a	gent, Registered Office, & For the Registered as its own Registration.)  et address of the registered agone Ramon A.	Registered Agent gistered Agent. Y	ni FL 33173 at's Signature:	
Miami, FL 33173  TICLE III - Registered A the Limited Liability Compa ther business entity with a	egent, Registered Office, & For the Registered office, on active Florida registration.)  et address of the registered again Ramon A. J. N. 11221 SW 62nd Terr	Registered Agen gistered Agent. Y ent are: Jimenez Sr ame	ni FL 33173  It's Signature: You must designate an individual	
Miami, FL 33173  TICLE III - Registered A the Limited Liability Compa ther business entity with a	egent, Registered Office, & For the Registered of the registered again address of the registered again and the Ramon A. J.	Registered Agen gistered Agent. Y ent are: Jimenez Sr ame	ni FL 33173  It's Signature: You must designate an individual	
Miami, FL 33173  TICLE III - Registered A the Limited Liability Compa ther business entity with a	egent, Registered Office, & For the Registered office, on active Florida registration.)  et address of the registered again Ramon A. J. N. 11221 SW 62nd Terr	Registered Agen gistered Agent. Y ent are: Jimenez Sr ame	ni FL 33173  It's Signature: You must designate an individual	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

15 MAY 21 PM 1: 1:3

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Ramon A. Jimenez Sr
	11221 SW 62nd Terr
	Miami, FL 33173
MGR	Aura C. Vargas-Jimenez
	Paseo del Arroyo, Edificio Keyla V
	Los Rios. Santo Domingo Dominican Republic
,	
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing	2: (OPTIONAL)
	nd cannot be more than five business days prior to or 90 days afte
he date of filing.)	
<b>Note:</b> If the date inserted in this block does not meet the the document's effective date on the Department of State	applicable statutory filing requirements, this date will not be listed 's records.
ARTICLE VI: Other provisions, if any.	
	<del>//</del>
DECUIDED SIGNATURE.	
REQUIRED SIGNATURE:	
	7
Signature of a member of	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.
	nation submitted in a document to the Department of State
constitutes a third degree felony	as provided for in s.817.155, F.S.)

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

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