

05488 098 CLARA GIRALDO
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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CLARA GIRALDO, P.A.
Account Number : I1999000017
Phone : (305)485-9300
Fax Number : (305)485-1098

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FLORIDA LIMITED LIABILITY CO.
MI PORVENIR, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

MI PORVENIR, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

MI PORVENIR, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

12484 NW SOUTH RIVER DRIVE # 556 MEDLEY, FL. 33178

The mailing address shall be:

12484 NW SOUTH RIVER DRIVE # 556 MEDLEY, FL. 33178

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

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

NATIVIDAD ARELLANO MORA

12484 NW SOUTH RIVER DRIVE # 556

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

MEDLEY, FL. 33178

City, State, and Zip

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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.

NATIVIDAD ARELLANO MORA **MANAGER**
12484 NW SOUTH RIVER DRIVE # 556
MEDLEY, FL. 33178

FANNY COROMOTO BENCOMO SERRANO **MANAGER**
12484 NW SOUTH RIVER DRIVE # 556
MEDLEY, FL. 33178

ASTRID D. ARELLANO BENCOMO **MANAGER**
12484 NW SOUTH RIVER DRIVE # 556
MEDLEY, FL. 33178

(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.)

NATIVIDAD ARELLANO MORA
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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