

L15000121934

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000176242 3)))



H150001762423ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
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.**

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
MI PORVENIR, LLC.

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

RECEIVED

15 JUL 21 AM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 21 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H/15 000176 2423.

**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

FILED
15 JUL 21 AM 8:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

H/15 000 176 242 3.

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

MANAGER

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

MANAGER

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

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.)

NATIVIDAD ARELLANO MORA
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 21 AM 8:26

FILED