07/28/2033 05:14



## Florida Department of State

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FLORIDA LIMITED LIABILITY CO. Ųρ

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**BELGO ASSOCIATES LLC** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: **BELGO ASSOCIATES 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: Mailing Address: 951 BRICKELL AVE # 611 951 BRICKELL AVE # 61 MIAMI, FL 33131 MIAMI, FL 33131 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: SERGIO A FLEITES Name 1575 SW 87 AVE Florida street address (P.O. Box NOT acceptable) City 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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TESEP IS AM 9: 12

SECRETARY OF STATE

<u>itle:</u> AMBR" – Authorizod Mamber	Name and Address:
MGR" = Manager	
MGR MANUEL MOL	951 BRICKELL AVE #611
	MIAMI, FL 33131
MGR JOEL MOENS	951 BRIKELL AVE #611
	MIAML FL 33131
MGR JEAN-MARÇ C	951 BRICKELL AVE #611
	MIAMI, FL 33131
	***************************************
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ctive date is listed, the date must be s	te of filing: <u>16 DAY IF SEPTEMBER, 2015</u> (OPTIONAL) pecific and cannot be more than five business days prior to or t
E V: Effective date, if other than the date extive date is listed, the date must be so filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a constitutes an affirmation of the expectation of the ex	nember or an authorized representative of a member.  505.0203 (1) (b). Florida Statutes, the execution of this document der the penalties of periory that the facts stated berein are true
EV: Effective date, if other than the date citive date is listed, the date must be so filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a management of a managemen	nember or an authorized representative of a member. 505.0203 (1) (b). Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. commation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date citive date is listed, the date must be so filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a management of a managemen	nember or an authorized representative of a member. 505.0203 (1) (b). Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. commation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

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