

L16000032431

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.

(((H16000040169 3)))



H160000401693ABC.

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 : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****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.
WSDG LATIN LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

106662

Electronic Filing Menu

Corporate Filing Menu

Help

ATTACHED
AND
FILED

16 FEB 16 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(4)

FILED
H1600000-169

16 FEB 16 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WSDG Latin 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:

15430 NE 24th Ave.

North Miami Beach, FL 33160

USA

15430 NE 24th Ave

North Miami Beach, FL 33160

USA

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:

MFR & Associates LLC

Name

300 71st Street Suite 510

Florida street address (P.O. Box **NOT** acceptable)

Miami Beach

FL

33141

City

State

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:

John Martin Storyk 50%
266 Martin Ave
Highland, NY 12528

AMBR

Sergio Gabriel Molho 25%
16400 Collins Ave #1546
Sunny Isles Beach, FL 33160

AMBR/MANAGER

Silvia Corina Campos Ulloa 25%
16400 Collins Ave #1546
Sunny Isles Beach, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/16/16 (OPTIONAL)

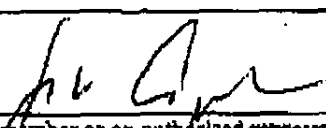
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

THE CORPORATION SHALL ENGAGE IN THE PRACTICE OF ACOUSTIC AND MEDIA SYSTEM DESIGN
AND CONSULTING AND EVERYTHING PERTAINING UNDER THE LAW OF THE STATE OF FLORIDA


REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

SILVIA CORINA CAMPOS ULLOA - MANAGER

Typed or printed name of signer



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

SERGIO GABRIEL MOLHO

Typed or printed name of signer

APPROVED
AND
FILED

16 FEB 16 AM 11:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

X *[Handwritten signature]*

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s. 817.155, F.S.

John MARTIN STORRY
Typed or printed name of officer

6910700009114
02/16/2016 16:42 3056339696