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Florida Department of State  
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FLORIDA LIMITED LIABILITY CO.  
3 HEADS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

*05/12/16*

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16 MAY 11 PM 4:48

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

3HEADS 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:**

6301 COLLINS AVENUE APT 2605

6301 COLLINS AVENUE APT 2605

MIAMI BEACH, FL 33141

MIAMI BEACH, FL 33141

**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:

FABIAN GIMENEZ

Name

6301 COLLINS AVENUE APT 2605

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 provide for in chapter 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV -**

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

**Title:** Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

FABIAN GIMENEZ  
6301 COLLINS AVENUE APT 2605  
MIAMI BEACH FL 33141

AMBR

RODRIGO JORGE KEEN  
6301 COLLINS AVENUE APT 2605  
MIAMI BEACH, FL 33141

AMBR

MARTIN E ACUNA LLEDQ  
6301 COLLINS AVENUE APT 2605  
MIAMI BEACH, FL 33141

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(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

X 

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.817.133, F.S.

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