

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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#### FLORIDA LIMITED LIABILITY CO.

### Ospina Holdings, LLC

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#160001362

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

### ARTICLE I - NAME

The name of the Limited Liability Company is OSPINA HOLDINGS, LLC

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

3350 SW 27<sup>th</sup> Avenue Apt 1706 Miami, Florida 33133

# ARTICLE III · REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent is:
GLORIA A OSPINA
3350 SW 27th Avenue Apt 1706
Miami, Florida 33133

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

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

-AMBR - Authorized Member

Name and Address: GLORIA A OSPINA 3350 SW 27th Avenue Apt 1706 Miami, Florida 33133

Signature of a member or awkuthorized 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. I am aware that any false information submitted in a document to the Department of the State Constitutes a third degree felony as provided for in s.817.155, F.S.)

> Filing Fees: \$125.00 Filing Fee for Articles of Organization 30.00 Certified Copy (Optional) 5.00 Certificate of Status (Optional)

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