

L16000152200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

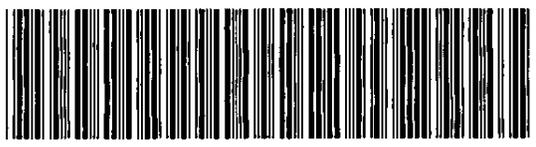
(Business Entity Name)

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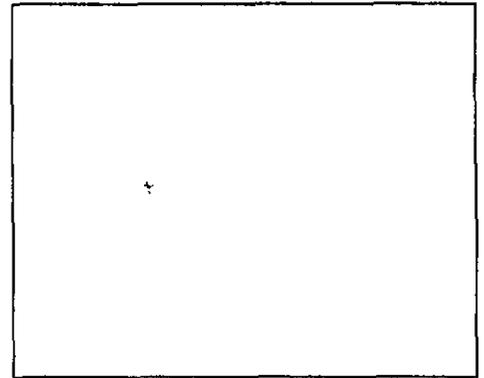
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ENTITY NAME:

LONGIFOLIA, LLC

CK# 7359 FOR \$155.00

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

- XXX CERTIFIED COPY
- STAMPED COPY
- CERTIFICATE OF STATUS

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TALLAHASSEE, FL
STATE OF FLORIDA
SECRETARY OF STATE

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
LONGIFOLIA, LLC**

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**ARTICLE I
NAME**

16 AUG 16 PM 12:08

The name of this Limited Liability Company shall be LONGIFOLIA, LLC (the "Company").

**ARTICLE II
PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the Company shall be 2581 S.W. 105 Terrace, Davie, FL 33324, and such other place or places as the member from time to time may determine. The mailing address of the Company is 2581 S.W. 105 Terrace, Davie, FL 33324.

**ARTICLE III
INITIAL REGISTERED OFFICE AND
REGISTERED AGENT**

The initial registered agent of the Company shall be Atrium Registered Agents, Inc. The address of the initial registered agent is 8950 SW 74th Ct., Suite 1901, Miami, Florida 33156.

**ARTICLE IV
MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager – managed company. The names and addresses of the managers who will serve as managers until the first annual meeting of members or until their successors are selected and qualified in accordance with the Operating Agreement or applicable law are:

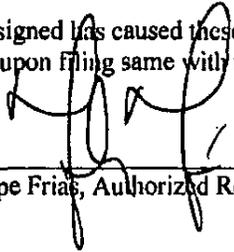
Rafael Maldonado
2581 S.W. 105 Terrace
Davie, FL 33324

Elias Antonio Racho Miguel
2581 S.W. 105 Terrace
Davie, FL 33324

**ARTICLE V
DURATION**

The period of duration of the Company shall be perpetual, and the Company shall be in existence until dissolved in a manner provided by law, or as provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 15th day of August, 2016, effective upon filing same with the Florida Department of State.



Felipe Frias, Authorized Representative

(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 State constitutes a third degree felony as provided for in s.817.155, F.S.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the limited liability company is:

LONGIFOLIA, LLC

2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc.
8950 SW 74th Court, Suite 1901
Miami, Florida 33156

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.

ATRIUM REGISTERED AGENTS, INC.

By: _____

Jack D. Finkelman, Vice-President

Date: _____

Aug. 15, 2016

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