L16000153713

| (Re | equestor's Name) | | | | |
|---|--------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Ad | dress) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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| | | | | | |
| | | s of Status | | | |

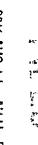
Office Use Only



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SECRETARY OF STATE



COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|-----------------------------------|--|--|--|--|--|
| CIID III | Machado Seguros, LLC | | | | |
| Name of Limited Liability Company | | | | | |
| The encl | osed Articles of Organization and fec(s) are submitted for filing. | | | | |
| Please re | eturn all correspondence concerning this matter to the following: | | | | |
| | Giselli Machado | | | | |
| | Name of Person | | | | |
| Machado Seguros, LLC | | | | | |
| | Firm/Company | | | | |
| | 13461 NW 19th Lane | | | | |
| | Address | | | | |
| | Doral, FL 33182 | | | | |
| | City/State and Zip Code josiane@machadoinsurance.com | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | |
| For furthe | r information concerning this matter, please call: | | | | |
| | Giselli Machado at (954) 254-3217 | | | | |
| | Name of Person Area Code Daytime Telephone Number | | | | |
| Enclosed | d is a check for the following amount: | | | | |
| \$125.00 | Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) | | | | |
| | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Machado Seguro (Must | | ity Company, "L.L.C.," or "LLC.") | |
|--|--|--|--------------------------|
| • | | | |
| ICLE II - Address: | set address of the principal affice o | f the Limited Liability Company is: | |
| maning address and suc | occudatess of the principal office o | t the Difface Diability Company is. | |
| <u>Pri</u> | <u>icipal Office Address:</u> | Mailing Address: | |
| 13461 NW 19th | Lane | 13461 NW 19th Lane | |
| Doral, FL 33182 | | Doral, FL 33182 | _ |
| | | | |
| CLE III - Registered Limited Liability Comp or business entity with | Agent, Registered Office, & Registery cannot serve as its own Regist an active Florida registration.) | ered Agent. You must designate an individual or | |
| ICLE III - Registered Limited Liability Comp er business entity with | oany cannot serve as its own Registration.) | ered Agent. You must designate an individual or | 3E0 |
| ICLE III - Registered Limited Liability Comp er business entity with | oany cannot serve as its own Regist an active Florida registration.) rect address of the registered agent | ered Agent. You must designate an individual or are: | |
| ICLE III - Registered Limited Liability Comp er business entity with | pany cannot serve as its own Regist an active Florida registration.) rect address of the registered agent Giselli Machado | ered Agent. You must designate an individual or are: | |
| ICLE III - Registered Limited Liability Comp er business entity with | pany cannot serve as its own Registration.) rect address of the registered agent Giselli Machado Nam | ered Agent. You must designate an individual or are: | |
| ICLE III - Registered Limited Liability Comp er business entity with | pany cannot serve as its own Registration.) rect address of the registered agent Giselli Machado Nam 13461 NW 19th Lane | ered Agent. You must designate an individual or are: | CRETARY LAHASSE |
| ICLE III - Registered Limited Liability Comp er business entity with | pany cannot serve as its own Registration.) rect address of the registered agent Giselli Machado Nam 13461 NW 19th Lane Florida street address (P.O. Doral, FL 33182 | ered Agent. You must designate an individual or are: | CRETARY OF LAHASSEEVE |

(CONTINUED)

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager MGR | Giselli Machado 13461 NW 19th Lane Doral, FL 33182 |
| | |
| · | |
| | |
| (Use attachment if necessary) | |
| If an effective date is listed, the date must be spec he date of filing.) | filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records. |
| | |
| REQUIRED SIGNATURE: Givelli Mach | ade |
| Signature of a mem This document is executed I am aware that any false in | ther or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State Colony as provided for in s.817.155, F.S. |
| Giselli Machado | |
| | Typed or printed name of signee |
| #145 00 PM 11 5 1 4 1 5 0 | Filing Fees: |

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

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)