

FEB/27/2017/MON 11:18 AM

FAX No.

P. 001

2/24/2017

**2170000529613502**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

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Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
ALGUNDIA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**M. MOON  
FEB 27 2017**

FEB/27/2017/MON 11:18 AM

FAX No.

P. 002

850-617-6381

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February 27, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: ALGUNDIA LLC

REF: W17000016539

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

FAX Aud. #: H17000052961

Letter Number: 017A00003705

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

**ARTICLE I- Name**

The name of the Limited Liability Company is:

ALGUNDIA LLC

**ARTICLE II- Address:**

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

Principal Office Address  
10 RIVER ST  
STAMFORD, NY 12167

Mailing Address  
7105 SW 8<sup>TH</sup> STREET  
SUITE 306  
MIAMI FLORIDA 33144

**ARTICLES III-**

Other provisions if any

**ANY PURPOSE**

**ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:)**

(The Liability Company cannot serve as its own Register 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:

MARIA TERESA VEGA  
7105 SW 8<sup>TH</sup> STREET  
SUITE 306  
MIAMI FLORIDA 33144

*Having been named as register 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 register 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 register agent as provided for in Chapter 605 FS*

M. Vega  
Registered Agent's Signature (REQUIRED)

**ARTICLES V- Manager (s) or Managing Member (s) of each Manager or Managing Member is as follows:**

**Title:**

MARIA TERESA VEGA

AMGR' = Manager

**Name**

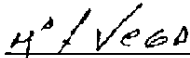
**Address:**

MARIA TERESA VEGA

10 RIVER ST  
STAMFORD, NY 12167

ARTICLE VI: effective date, if other than the date filing 04/19/16 (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 filing)

**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.

MARIA TERESA VEGA

17 FEB 27 2017