117000057990

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	Filing Section sion of Corporations		
SUBJECT:	Mino	rity Challenged	
SOBJECT.	Name of	Limited Liabil	ty Company
The enclosed	Articles of Organization and fee(s	s) are submitted	for filing.
Please return	all correspondence concerning this	s matter to the f	ollowing:
		Matthey	/ Para
		Name of	Person
		Minority (Challenged
-		Firm/Co	mpany
	•	2990 Solano	Ave #102
_		Addr	ess
		Hollywood,	FL 33024
	,	City/State an	•
		.	ged@gmail.comnnual report notification)
For further info	ormation concerning this matter, p	lease call:	
	Matthew Para	702	569-1315
_	Name of Person	Area Code	Daytime Telephone Number
Enclosed is a	check for the following amount:		
\$125.00 Filir	sg Fee \$130.00 Filing Fee & Certificate of Status	:	of Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Minorit	y Challenged LLC	7	
(Must conta	in the words "Limited Li			
ADTICLE II Address.				
ARTICLE II - Address: The mailing address and street ad	dress of the principal off	ice of the Limited	Liability Company is:	
-			, ,	
<u>Principa</u>	l Office Address:		Mailing Address:	
2990 Solano Ave #102		2990	Solano Ave #102	
			Hollywood, FL 33024	
Hollywood, FL 33024 ARTICLE III - Registered Age The Limited Liability Company	nt, Registered Office, & cannot serve as its own R	Holls: Registered Agent Registered Agent. N		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own Retive Florida registration.	Registered Agent tegistered Agent.	ıt's Signature:	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own Retive Florida registration. ddress of the registered a	Registered Agent (Agent Agent	ıt's Signature:	
Hollywood, FL 33024 ARTICLE III - Registered Age	nt, Registered Office, & cannot serve as its own Retive Florida registration. ddress of the registered a	Registered Agent tegistered Agent.	ıt's Signature:	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own Retive Florida registration. ddress of the registered a	Registered Agent. Your agent are: tthew Para Name	nt's Signature: You must designate an individual o	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own Retive Florida registration. ddress of the registered a	Registered Agent. Your agent are: tthew Para Name	nt's Signature: You must designate an individual o	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own Retive Florida registration. ddress of the registered a	Registered Agent. Your agent are: tthew Para Name	nt's Signature: You must designate an individual o	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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..

SECRETARY OF STATE

	Title: "AMBR" = Authorized	Name and Address: Member	
	"MGR" = Manager		
	AMBR	Matthew Para	
		2990 Solano Ave #102	
		Hollywood, FL 33024	
	AMBR	Gema Calero-Para	
		2990 Solano Ave #102	
		Hollywood, FL 33024	
			
		.	
	(Use attachment if nece	sary)	
ADTIC	CERTAIN EDGE OF THE SECOND		
		her than the date of filing: (OPTIONAL)	
(If an ef	fective date is listed, the		er
(If an ef the date	fective date is listed, the of filing.)	her than the date of filing:	
(If an ef the date <u>Note:</u>	fective date is listed, the of filing.) If the date inserted in this	her than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 days aft block does not meet the applicable statutory filing requirements, this date will not be listed	
(If an ef the date <u>Note:</u>	fective date is listed, the of filing.) If the date inserted in this	her than the date of filing:	
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(If an ef the date <u>Note:</u> I the doca ARTICI	fective date is listed, the of filing.) If the date inserted in this iment's effective date on the lister of the l	ther than the date of filing:	

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

as