

L17000087420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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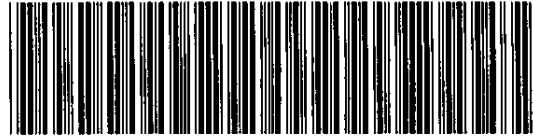
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17 MAR 19 AM 11:09
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17 MAR 19 11:09 AM

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MECANIKA MOTORS LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miguel A. Sarmiento

Name of Person

Firm/Company

7290 NW 66th Street Ste. 33

Address

MIAMI, FL 33195

City/State and Zip Code

administration@mecanika.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel Anmy Sarmiento at **305** **602-4588**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MECANIKA MOTORS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

7290 NW 66TH Street Suite 33

MIAMI, FL 33195

Mailing Address:

7290 NW 66th Street Suite 33

MIAMI, FL 33195

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered 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:

Miguel Anmy Sarmiento

Name

7290 NW 66th Street Suite 33

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33195

FL

City, State, and Zip

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 608, F.S.

Miguel Anmy Sarmiento

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Miguel Anny Sarmiento Beltran

7290 NW 66th Street Ste 33

Miami, FL 33195

MGR

Cesar Esmith Vargas Ortiz

7290 NW 66th Street Ste 33

Miami, FL 33195

MGRM

Andres Eduardo Zapata

7290 NW 66th Street Ste 33

Miami, FL 33195

MGRM

Cesar Augusto Sanabria Oviedo

7290 NW 66th Street Ste 33

Miami, FL 33195

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/17/2017. (OPTIONAL)
(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 of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), 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.)

MIGUEL ANNY SARMIENTO BELTRAN
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)