

L17 000090420

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000109635 3)))



H170001096353ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ABLANCA, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

17 APR 21 PM 2:35

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REGISTRATION SERVICES

17 APR 21 PM 1:54

17 APR 21 PM 1:54

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

D O'KEEFF

APR 24 2017

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

ABLANCA, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

ABLANCA, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**235 NE 9 ST APT 12
HOMESTEAD, FL 33030**

The mailing address shall be:

**235 NE 9 ST APT 12
HOMESTEAD, FL 33030**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

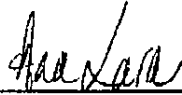
The name and the Florida street address of the registered agent are:

ANA LARA

235 NE 9 ST APT 12
Florida Street address (P.O.BOX NOT acceptable)
HOMESTEAD, FL 33030
City, State, and Zip

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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..



REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ANA LARA
235 NE 9 ST APT 12
HOMESTEAD, FL 33030

MANAGER

EVISAI VASQUEZ
235 NE 9 ST APT 12
HOMESTEAD, FL 33030

MANAGER

(An additional article must be added if an effective date is requested)

17 APR 21 PM 1:54
FALLA, FL 33030



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

(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.)

ANA LARA

Typed or printed name of signee

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300