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Florida Department of State
Division of Corporations
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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
VELIZ FARMS LLC**

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

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FLORIDA DEPARTMENT OF STATE

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Corporate Filing Menu

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Veliz Farms Inc of Doc#
P10000073463 are the same owners of the attached articles of organization
Thank you for your help in this matter.

Very Sincerely,

Isabel Veliz

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "LLC.")

Veliz Farms LLC

ARTICLE II - Address:

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

22700 SW 182 Ave
Miami, FL 33170

ARTICLE III - Registered Agent, Registered Office:

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

Blanca Veliz
22700 SW 182 Ave
Miami, FL 33170

ARTICLE IV -

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

Isael Veliz (AMBR)

Blanca Veliz (AMBR)

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Required Signatures:



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. 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.

Blanca Veliz

Typed or printed name of signee

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 (REQUIRED)

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STATE
OF FLORIDA

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