

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L18000060155
FILED 8:00 AM
March 07, 2018
Sec. Of State
cmwood

Article I

The name of the Limited Liability Company is:

ESCOBAR 4719 LLC

Article II

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

14274 NW 18TH MANOR
PEMBROKE PINES, FL. 33028

The mailing address of the Limited Liability Company is:

14274 NW 18TH MANOR
PEMBROKE PINES, FL. 33028

Article III

Other provisions, if any:

ANY LAWFUL BUSINESS

Article IV

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

SAM MOMPOINT
500 NE 167TH STREET #101
NORTH MIAMI BEACH, FL. 33162

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.

Registered Agent Signature: SAM MOMPOINT

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
ANDRES C ESCOBAR
14274 NW 18TH MANOR
PEMBROKE PINES, FL. 33028

Title: AMBR
MARIA P ESCOBAR
14274 NW 18TH MANOR
PEMBROKE PINES, FL. 33028

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Article VI

The effective date for this Limited Liability Company shall be:

03/05/2018

Signature of member or an authorized representative

Electronic Signature: ANDRES C ESCOBAR

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.