

5/31/2018

Division of Corporations

L180001341738

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.

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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

FILED
18 MAY 31 AM 11:01
CLERK OF STATE
ALAN S. BROWN

****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.
LATIN AMERICAN CRAFTS COMPANY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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2018 MAY 31 PM 2:47

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LATIN AMERICAN CRAFTS COMPANY LLC

(Must contain 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:

Mailing Address:

777 NW 72 AVENUE

777 NW 72 AVENUE

SUITE 1075

SUITE 1075

MIAMI, FL 33126

MIAMI, FL 33126

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:

MYRIAM E. OSORIO McCORMICK

Name

777 NW 72 AVENUE, SUITE 1075

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

MIAMI

FL

33126

City

State

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 605, F.S.

Myriam E. Osorio McCormick

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF DISTRICT

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

JOSE C. OSORIO CRUZ
777 NW 72 AVENUE, SUITE 1075
MIAMI, FL 33126

AMBR

MYRIAM E. McCORMICK
777 NW 72 AVENUE, SUITE 1075
MIAMI, FL 33126

AMBR

ARMANDO M. McCORMICK
777 NW 72 AVENUE, SUITE 1075
MIAMI, FL 33126

AMBR

JOSE C. OSORIO McCORMICK
777 NW 72 AVENUE, SUITE 1075
MIAMI, FL 33126

(Use attachment if necessary)

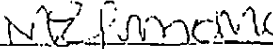
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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. 812.155, F.S.

MYRIAM E. McCORMICK
Typed or printed name of signer

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)

***SEE CONTINUATION SHEET

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TALLAHASSEE, FLORIDA

((H18000165913 3)))

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CONTINUATION SHEET

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MOR" = Manager

AMBR

Name and Address:

JOSE J. OSORIO McCORMICK
777 NW 72 AVENUE, SUITE 1075
MIAMI, FL 33126

AMBR-SEC

MYRIAM E. OSORIO McCORMICK
777 NW 72 AVENUE, SUITE 1075
MIAMI, FL 33126

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

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ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

MYRIAM E. OSORIO McCORMICK
Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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. 317.155, F.S.

MYRIAM E. OSORIO McCORMICK
Typed or printed name of signer

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)

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