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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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RECEIVED
2018 JUN 27 PM 5:09
FLORIDA DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
INGENIO INDUSTRIES, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

6/28/18
K. Simmons

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

INGENIO INDUSTRIES, LLC

ARTICLE II - Address:

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

Principal Office Address:1895 SE 20TH RD

HOMESTEAD, FL 33035

Mailing Address:1895 SE 20TH RD

HOMESTEAD, FL 33035

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:

JUAN D ROLDAN LONDONO

Name

1895 SE 20TH RDFlorida street address (P.O. Box NOT acceptable)

HOMESTEAD

FL

33035

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 provide for in chapter 605, F.S.

X _____
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV -

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

JUAN D ROLDAN LONDONO

1895 SE 20TH RD

HOMESTEAD, FL. 33035

AMBR

LINA M SOSA ROJAS

1895 SE 20TH RD

HOMESTEAD, FL. 33035

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

x 

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.817.155, F.S.

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