## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. SERVICIOS B & V LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDALINGTED LIABILITY COMPANY

	CVICIOS B&V LLC		
(Must cout	ain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The moiling address and street ad	idress of the principal o	office of the Limited	Liability Company is:
Princip	al Office Address:		Mailing Address:
2070 NW 79 AVE S	TE 203	SAM	Œ
DORAL, FLORIDA			
ARTICLE III - Registered Age The Limited Liability Company	ent, Registered Office, cannot serve as its own	a Registered Agent.	it's Signature: fou must designate an individual
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registere	a Registered Agent. 3 on.) d agent are.	nt's Signature: Fou must designate an individual
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registrati	a Registered Agent. 3 on.) d agent arc. PRADO	nt's Signature: Fou must designate ao individual
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ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registere SARA 1	n Registered Agent. (con.)  d agent arc.  PRADO  Name  /E STE 203	Y OU m'1st designate an individual

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)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MOR" = Manager	
AMBR	EDUARDO VINCENZO BAGLIERI VALLE
	2070 NW 79 AVE STE 203 DORAL, FLORIDA 33122
	5010 to 1201011 13112
AMBR	ADELGRIS JOSE VILCHEZ
	2070 NW 79 AVE STE 203
	DORAL, FLORIDA 33122
	•
	·
<del></del>	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date effective date is listed, the date must be date of filing.)	date of filing: 09/19/2018 (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days and the applicable statutory filing requirements, this date will not be list ent of State's records.
TICLE V: Effective date, if other than the date effective date is listed, the date must be date of filing.)  te: If the date inserted in this block does not be determined.	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be list
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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)