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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA LIMITED LIABILITY CO.
MATUTE COMPANY LLC**

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

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TALLAHASSEE, FLORIDA

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LAZARUS CORPORATE

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November 15, 2018

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, INC. Division of Corporations

SUBJECT: MATUTE COMPANY LLC
REF: W18000099432

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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Rochelle E Kemple
Regulatory Specialist II
New Filing Section

FAX Aud. #: H18000327667
Letter Number: 818A00023471

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

MATUTE COMPANY LLC

(Must end with 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

**202 SW 5 AVE
MIAMI, FL. 33130**

**202 SW 5 AVE
MIAMI, FL. 33130**

**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:

PEDRO EMILIO MUNGUIA MATUTE

Name

202 SW 5 AVE

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

MIAMI, FL. 33130

City, State, and 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 provision 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.

X

Registered Agent's Signature (Required)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as Follows:

Title: Name and Address:

"MGR" = Manager

"MORM" = Managing Member

MGR

PEDRO EMILIO MUNGUA MATUTE
202 SW 5 AVE
MIAMI, FL. 33130

(Use attachment if necessary)

ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILING:
11/11/2018, (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.)

REQUIRED SIGNATURE:

X

SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

(In accordance with section 605.401(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PEDRO EMILIO MUNGUA MATUTE

Typed or printed name of signer

SECRETARY
TALLAHASSEE, FLORIDA

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