

L190000026114

Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
GARCIA LEYVA INVESTMENTS, LLC

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January 31, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: GARCIA LEYVA INVESTMENTS, LLC  
REF: W19000010025

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.

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Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H19000035979  
Letter Number: 119A00002246

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GARCIA LEYVA INVESTMENTS, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

**ARTICLE II - Address:**  
The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:

**Mailing Address:**

4649 PONCE DE LEON BLVD SUITE #404

**SAFETY**

~~CORAL CABLES EL 33140~~

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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:

FEDERICO GARCIA

Name \_\_\_\_\_

4649 PONCE DE LEON BLVD SUITE #404

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

CORAL GABLES FLORIDA 33146

City

## State

 $\mathbb{Z}_p$ 

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.

*Edna Lucia*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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WILLIAM FLOID

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

MGR

**Name and Address;**

FEDERICO GARCIA

125 SOLANO PRADO

CORAL GABLES FL 33150

JONATHAN LEYVA

125 SOLANO PRADO CORAL

GABLES FL 33150

ISA GARCIA

125 SOLANO PRADO

CORAL GABLES FL 33150

CHRISTINA LEYVA

125 SOLANO PRADO

CORAL GABLES FL 33150

(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:**

*Federico Garcia*

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.817.15 S.F.S.

FEDERICO GARCIA

Typed or printed name of signer

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