

L19000042136

Florida Department of State
Division of Corporations
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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
DOBLE VIA LATAM, LLC**

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

2019 FEB 18 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DOBLE VIA LATAM, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Multiple Address

7950 NW 53 STREET Ste 337

MIAMI, FLORIDA 33166

7950 NW 53 STREET SIO 337

MIAMI, FLORIDA 33166

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature
(The limited liability company's name)

(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 NICOLAS CHELO

Näres

7950 NW 53RD STREET Ste 337

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

MEANS

FLORIDA

33166

City

Stable

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FL

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

Name and Address:

FEDRICO NICOLAS CHILO

7950 NW 53 STREET Ste 337

MIAMI, FLORIDA 33156

(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 817.155, F.S.

FEDRICO NICOLAS CHILO

Typed or printed name of signer