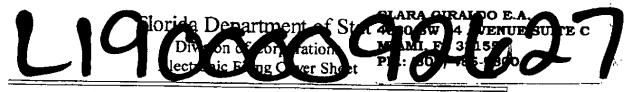
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.

: (305)485-1098

Account Number: 119990000017 Phone : (305)485-9300 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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#### FLORIDA LIMITED LIABILITY CO. INMAX HOUSE LLC

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CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

### INMAX HOUSE, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

## **INMAX HOUSE, LLC**

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

300 S. BISCAYNE BLVD # 2005 MIAMI FL, 33131

The mailing address shall be:

300 S. BISCAYNE BLVD # 2005 MIAMI FL, 33131

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

**LUISA TORO** 

300 S. BISCAYNE BLVD # 2005
Florida Street address (P.O.BOX NOT acceptable)
MIAMI FL, 33131
City, State, and Zip

ζ. CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 C PH.: (305) 485-9300

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.

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

WILSON ORELLANA 300 S. BISCAYNE BLVD # 2005 MIAMI FL, 33131

MANAGER

ROCIO CHOQUE 300 S. BISCAYNE BLVD # 2005 MIAMI FL. 33131

MANAGER

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203(1)(b), Fiorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

> LUISA TORO Typed or printed name of signee