

L19000139384

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : 120000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
IMSUMA, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

**C RICO
MAY 31 2019**

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMSUAIA, LLC

(Must contain 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:931 HEARTLAND CIRCLE
MULBERRY, FL 33860

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:

ABIGAIL U. RIVERA MEZA

Name

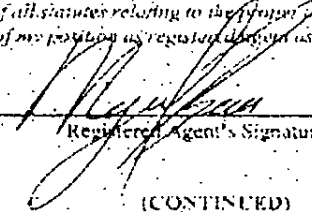
931 HEARTLAND CIRCLEFlorida Street address (P.O. Box **NOT** acceptable)MULBERRYFL33860

City

State

Zip

Having been named as registered agent and to accept service of process for the above named limited liability company in 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)

19 MAY 31 PM 2:56

CLERK OF STATE
VISION SERVICES
TALLAHASSEE, FL 32399

ARTICLE IV-

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

Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR	Diego M Riera Meza	931 HEARTLAND CIRCLE, MULBERRY, FL 33860
MGR	Juan M Noda Manbel	931 HEARTLAND CIRCLE, MULBERRY, FL 33860
MGR	Genesis Jimenez	931 HEARTLAND CIRCLE, MULBERRY, FL 33860
MGR	Rossmary D Garcia	931 HEARTLAND CIRCLE, MULBERRY, FL 33860
MGR	Oropeza	931 HEARTLAND CIRCLE, MULBERRY, FL 33860

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:

HENRY C RIERA

931 HEARTLAND CIRCLE

MULBERRY, FL 33860

MGR

MIGUEL U RIERA MEZA

931 HEARTLAND CIRCLE

MULBERRY, FL 33860

MGR

MIRIAM C MEZA RAMOS

931 HEARTLAND CIRCLE

MULBERRY, FL 33860

MGR

LAURY G RIERA MEZA

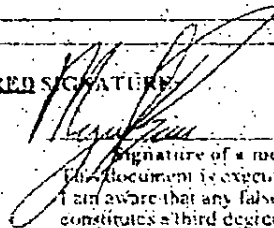
931 HEARTLAND CIRCLE

MULBERRY, FL 33860

(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 605.0201 (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.817.155, F.S.

MIGUEL U RIERA MEZA

Typed or printed name of signer

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)