L19000139384

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000173732 3)))

H19000173732 3ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

19 MAY 31 PM 2:56

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:

IMSUMA, 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:

MIGUEL HERRERA MUZA
Name

931 HEARTLAND CIRCLE
Florida street address (P.O. Box NOT acceptable)

MULBERRY FL 33860
City State 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)

19 MAY 31 PM 2:56

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 Maibel	931 HEARTLAND CIRCLE, MULBERRY, FL 33860
MGR	Genesis Jimenez	931 HEARTLAND CIRCLE, MULBERRY, FL 33860
MGR	Rossmary D Garcia 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:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MGR	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.

(The document is executed in accordance with section 605.0207 (3), (4), 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 signee

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)