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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.

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

From:
Account Name : VITERI FINANACIAL CORPORATION
Account Number : I20180000091
Phone : (786)390-6735
Fax Number : (305)675-7799

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

Email Address: XAVIER@VITERIFINANCIAL.COM

2019 JUN -5 PM 2:00

FLORIDA LIMITED LIABILITY CO.

Mobility Solutions Miami LLC

Certificate of Status	1
Certified Copy	0
Page Count	3
Estimated Charge	$130.00

19 JUN -5 PM 3:50

Electronic Filing Menu Corporate Filing Menu Help

N. SAMS

JUN 06 2019

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COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: Mobility Solutions Miami LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Xavier Viteri
Name of Person

Viteri Financial Corporation
Firm/Company

6721 SW 69 Terrace
Address

Miami, FL 33143
City/State and Zip Code

xavier@viterifinancial.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Xavier Viteri at (786) 262-1237
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $125.00 Filing Fee
- ☑ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Mobility Solutions Miami 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:**
19370 Collins Ave	6721 SW 69 Terrace
Suite #503	
Sunny Isles Beach, FL 33160	Miami, FL 33143

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:

Viteri Financial Corporation
Name

6721 SW 69 Terrace
Florida street address (P.O. Box NOT acceptable)

Miami Fl. 33143
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)

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	
AMBR	Leonardo Ariel Luc 19370 Collins Ave - Suite #503 Sunny Isles Beach, FL 33160
MBR	Lucas Maciel Ramos Mejia 19370 Collins Ave - Suite #503 Sunny Isles Beach, FL 33160

(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 s.817.155, F.S.

Xavier Viteri
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)

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