

L1900014295

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
OLMEDO INV LLC

Certificate of Status	1
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May 8th

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3rd attempt.*Please see back to
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May 9, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAXLEAF.COM INC

SUBJECT: OLMEDO INV LLC
REF: W19000045422

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Jessica A Fason
Regulatory Specialist IIFAX Aud. #: H19000152706
Letter Number: 219A00009352

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OLMEDO INV 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:

1549 NE 123RD ST
NORTH MIAMI, FL 33161

1549 NE 123RD ST
NORTH MIAMI, FL 33161

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:

ACCOUNTANT & MANAGEMENT, INC

Name

1549 NE 123RD ST

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

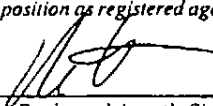
NORTH MIAMI FLORIDA 33161

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

OLMEDO DE GANNES, DOMINGO

1549 NE 123RD ST

NORTH MIAMI, FL 33161

AMBR

BERROTERAN GARCIA, MERCEDES ELENA

1549 NE 123RD ST

NORTH MIAMI, FL 33161

(Use attachment if necessary)

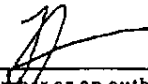
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

DOMINGO A OLMEDO DE GANNES

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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