

L19000159 096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2062

Office Use Only

R KEMP

JUN 25 2019



500331214635

500331214635
06/25/19--01018--013 **150.00

19 JUN 25 PM 11:27

RECEIVED
OFFICE OF STATE

19 JUN 25 PM 2:56

FILED

COVER LETTER

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

SUBJECT: Conquistando Amazon 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:

Oscar Guitierrez

Name of Person

Firm/Company

2971 Mallory Circle Apt 17101

Address

Kissimmee, FL, 34747

City/State and Zip Code

Joseph@taxemperor.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph

305

810-9083

at ()

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Conquistando Amazon 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:

2971 Mallory Circle Apt 17101

Kissimmee, FL 34747

Mailing Address:

2971 Mallory Circle Apt 17101

Kissimmee, FL 34747

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:

Oscar Rodolfo Monge Gutierrez

Name

2971 Mallory Circle Apt 17101

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

Kissimmee

FL

34747

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.

Oscar Rodolfo Monge Gutierrez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

19 JUN 25 PM 2:54

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:

Oscar Rodolfo Monge Gutierrez

2971 Mallory Circle Apt 17101

Kissimmee, FL 34747

MGR

Juan Diego Jimenez Roman

2971 Mallory Circle Apt 17101

Kissimmee, FL 34747

(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:

Oscar Rodolfo Monge Gutierrez

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.

Oscar Rodolfo Monge Gutierrez

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)

19 JUN 25 PM 2:54

FILED