

JUL/29/2019/MON 01:56 PM

FAX No.

P. 001

7/29/2019

Division of Corporations

Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.**

**MARIA CHACIN, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2019 JUL 29 PM 1:57

19 JUL 29 PM 5:08  
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ARTICLES OF ORGANIZATION

OF

MARIA CHACIN, LLC.

ARTICLE I - NAME

The name of this Limited Liability Company is:  
MARIA CHACIN, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:  
2469 Cordoba, Weston, Florida 33337.

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the street address of the registered agent of this Limited Liability Company is:

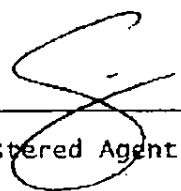
CARLOS GARCIA, ESQ.

66 West Flagler Street

Suite 401

Miami, FL 33130

*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)

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**ARTICLE IV**  
**MEMBERS AND STREET ADDRESSES**

The names and street addresses of the members of this Limited Liability Company:

<u>NAME</u>	<u>STREET ADDRESS</u>
<u>Maria Carolina Chacin Zaa</u>	<u>Manager/Managing Member</u> <u>2469 Cordoba Bend</u> <u>Weston, Florida 33337</u>
<u>Carlos Garcia</u>	<u>Member</u> <u>66 West Flagler Street, #401</u> <u>Miami, Florida 33130</u>

**ARTICLE V - Effective Date**

The Effective date on this Limited Liability Company is:

Date of Filing: July 29<sup>th</sup>, 2019

**ARTICLE VI - Other provisions (if any)**

NONE

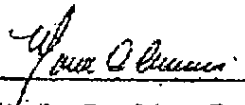
**REQUIRED SIGNATURE:**



Maria Carolina Chacin Zaa/Manager

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.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 29<sup>th</sup> day of July 2019.

  
\_\_\_\_\_  
Maria Carolina Chacin Zaa

STATE OF FLORIDA       )  
COUNTY OF MIAMI-DADE )

BEFORE ME personally appeared to me well known to be the person described in and who executed the foregoing Articles of Organization, and who freely and voluntarily acknowledged before me according to law that he made and executed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, in the state and county aforesaid, this 29<sup>th</sup> day of July 2019.

  
\_\_\_\_\_  
NOTARY PUBLIC, State of Florida

My Commission Expires:

