

L19000200437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

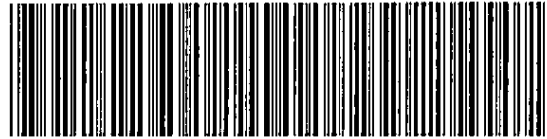
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 13 2019

K Brumbley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VillaQuora LLC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: Srth

08/12/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I
Name

The name of the Limited Liability Company is:

VillaQuora LLC

ARTICLE II
Address

The mailing and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

16375 NE 18 Avenue, Suite 225
North Miami Beach, FL 33162

Mailing Address:

16375 NE 18 Avenue, Suite 225
North Miami Beach, FL 33162

ARTICLE III
Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Ira R. Shapiro
16375 NE 18th Avenue, Suite 225
North Miami Beach, FL 33162

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.



Ira R. Shapiro, Registered Agent

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ARTICLE IV
Management

The Limited Liability Company is to be managed by one or more managers, and is therefore a manager - managed company.

ARTICLE V
Persons Authorized to Manage and Control

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

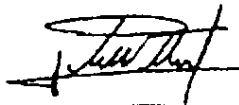
MGR

Pedro Jose Villamar Utreras
5500 Island Estates Drive, #808N
Aventura, FL 33160

MGR

Monica Magdalena Ordonez Baca
5500 Island Estates Drive, #808N
Aventura, FL 33160

(X)



Pedro Jose Villamar Utreras, MGR

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)