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DIVISION OF CORPORATIONS

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## FLORIDA LIMITED LIABILITY CO. COMPLETE GAP, LLC

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SEP 18 2019

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

COMPLETE GAP, 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:**8900 NW 97TH AVEAPT 105MEDLEY, FL 33178**Mailing Address:**8900 NW 97TH AVEAPT 105MEDLEY, FL 33178**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:

RICARDO R. RATIA FLORES

Name

8900 NW 97TH AVE. APT 105Florida street address (P.O. Box **NOT** acceptable)MEDLEY

City

FL

State

33178

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 505, 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

MGR

**Name and Address:**

RICARDO R. RATIA FLORES  
8900 NW 97TH AVE. APT 105  
MEDLEY, FL 33178

MGR

ROLANDO J. RATIA VARGAS  
8900 NW 97TH AVE. APT 105  
MEDLEY, FL 33178

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 09-16-2019 (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.

ANY AND ALL LAWFUL BUSINESS

**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.

09-16-2019

\_\_\_\_\_  
Typed or printed name of signee

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