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COVER LETTER

	Filing Secti sion of Corp			
SUBJECT:	F	Name of Lim	incited Supplies ited Liability Company	Llc.
The enclosed	Articles of C	Organization and fee(s) are	submitted for filing.	
Please return	all correspon	dence concerning this ma	tter to the following:	
_		CESAR	Lvis LARREA	
			Name of Person	
_		F&C unlini	ted Supplies	LLc.
			Firm/Company	
_]	8341 5.W	114 Cart	
			Address	
_		MiAMI, F	logica 331 ty/State and Zip Code	57
	E-	mail address: (to be used	for future annual report notificati	ion)
For further info		cerning this matter, please	·	•
_(ESQR	Lacer at (786, 603-41	339
	Name	of Person Ar	ea Code Daytime Telephon	e Number
Enclosed is a	check for the	following amount:		
□\$125.00 Fi	ling Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	X\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(Must conatin 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:	
18341 SW 114 COXT	18341 SW 114 CORT	
MIAMI, FL 33157	MIAMI, FL 33157	

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:

CESAR LUIS LARREA			
Name			
18341 5.	w 114 cas	et	
Florida street address (P.O. Box NOT acceptable)			
Miami	Florida	33157	
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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	CESAR LVIS LARREA 18341 S.W 114 cover MiAMILEL 33157
	
(Use attachment if necessary)	
If an effective date is listed, the date must he date of filing.)	e date of filing: 1 2020 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
·	ment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Jano
Signature of	A factorial and authorized representative of a member.
I am aware that any	executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
_Ce	Typed or printed name of signee
_	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)