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(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone #)				
PICK-UP	MAIL MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer					

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M SIMMONS

JAN 1 0 2020

COVER LETTER

TO:	New Filing Sec Division of Co				•		
CHDIE		PLIES VENEZUEL	A CA LLC				
SUBJE	CI:	Name of Limited Liability Company					
The enc	losed Articles of	Organization and f	ee(s) are submit	ted for filing.			
Please r	eturn all corresp	ondence concerning	this matter to the	ne following:			
	LUIS A. CO)LMENARES					
`	V		Name	of Person			
	J&L SUPPI	JES VENEZUELA	CA LLC				
		12.11	Firm	/Company			
	2020 NW 1	29TH AVE STE 20	8				
			A	ddress			
	MIAMI, FI	ORIDA 33182					
	INFO@ICR	SOLUTIONSING	•	and Zip Code			
				re annual report notificat	ion)		
For furthe	er information co	oncerning this matte	r, please call:				
	JAVIER BO	LANOS	866 _at (2961833			
	Nan	ne of Person	Area Cod	e Daytime Telephor	ne Number		
Enclose	d is a check for:	the following amour	nt:				
	.00 Filing Fee	□\$130.00 Filing Certificate of Sta	g Fee & 🔲 S	\$155.00 Filing Fee & tified Copy ional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	New I	ng Address Filing Section on of Corporations		Street Address New Filing Section D The Centre of Tallah			
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	<u>VENEZUELA CA LLC</u>			
(Must c	onatin the words "Limite	d Liability Company, "L.I	L.C" or "L.L.C.")	
ARTICLE II - Address:				
The mailing address and stree	et address of the principa	l office of the Limited Lia	bility Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
2020 NW 129TH	2020 NW 129TH AVE STE 208		2020 NW 129TH AVE STE 208	
MIAMI, FLORII	MIAMI, FLORIDA 33182		MIAMI, FLORIDA 33182	
ADTICLE III Designationed	Agant Pagistared Office	a & Dagistarad Agant's	Signatura	
The Limited Liability Comp	any cannot serve as its ov	yn Registered Agent, You		
The Limited Liability Comp another business entity with	any cannot serve as its ov an active Florida registra	wn Registered Agent. You tion.)		
The Limited Liability Comp another business entity with	any cannot serve as its ov an active Florida registra	on Registered Agent. You tion.) red agent are:		
The Limited Liability Comp another business entity with	any cannot serve as its ov an active Florida registra eet address of the register	on Registered Agent. You tion.) red agent are:		
The Limited Liability Comp another business entity with	any cannot serve as its ov an active Florida registra eet address of the register	om Registered Agent. You tion.) red agent are: DLUTIONS INC Name		
ARTICLE III - Registered (The Limited Liability Comp another business entity with The name and the Florida str	any cannot serve as its ovan active Florida registra eet address of the register JC BUSINESS SC 7500 NW 25TH S	om Registered Agent. You tion.) red agent are: DLUTIONS INC Name	must designate an individual or	

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 provided for in Chapter 605, F.S..

State

Zip

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

1 1:1: 10 CH 9:

ARTICLE IV-

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

Title:	134	Name and Address:	
"AMBR" = Authoriz "MGR" = Manager	ied Member		
MGR	1.17	IS A COLMENARES	
MOIN	202	0 NW 129TH AVE STE 208	
	MIA	AMI, FLORIDA 33182	
<u></u>			
			_
	-		
	<u> </u>		
(Use attachment if no	ecessary)		
(viie ditaeliivelii ii ii	200,000		
RTICLE V: Effective date.	if other than the date of filing	·	(OPTIONAL)
	the date must be specific an	d cannot be more than five bu	isiness days prior to or 90 days after
e date of filing.)	thia bloode do sa nat maat tha	amuliaahii, atatutami filino moo	demonstrathic data will not be listed a
	on the Department of State		irements, this date will not be listed a
e document s'effective date	on the Department of State	s records.	
RTICLE VI: Other provisio	ns, if any.		
· · · · · · · · · · · · · · · · · · ·			
		<u> </u>	
REQUIRED SIGN.	ATURE:	1 W/D	
		1-4	
		\ 	
		r an authorized representativ	
		cordance with section 605.020 ation submitted in a document (
cons	titutes a third degree felony	as proyided for in s.817.155. F	.S.
		Colmenares	
		WIMEHUTES	

as

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)