## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000024972 3)))



Note: DO NOT hir the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : {305}444-4977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. CRISTALBALL MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURCH JAN 23 2020

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

## ARTICLE 1 - Name:

The name of the Limited Liability Company is:

CRISTALBALL MANAGEMENT LLC (Must conatin the words "Limited Liability Co	empany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the		SLORETAR	2020 JAN	_ <b>L</b>
Principal Office Address:	Mailing Address:	IAR ASS	$\sim$	
2124 NE 123 ST		~~	ယ	1
STE: 216 B	SAME	رتة بين	200	
NORTH MIAMI, FL 33181		20.	<u>∓</u>	1 * :
ARTICLE III - Registered Agent, Rugistered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida rugistration.)	red Agent's Signature: Agent. You must designate an individual or	ORIE	<b>9</b> : 36	

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

TRANSACTION ADVISORS AND CONSULTANTS LLC

Name

10261 SW 72 ST STE: C 101

Florida street address (P.O. Box NOT acceptable)

MIAMI City State Zip

Having been named as registered agent and to accept service of process for the above stated limited limitity company at the place designated in this certificate, I hereby accept the appointment as fregisfered 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)

4 13 77	~	 143
ARTI	16.0	 14-

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

Tith: "AMBR" = Authorized Membe	Name and Address:	
"MOR" = Manager	<b>,</b>	
MGR	ROBERT THORNE	
	2124 NE 123 ST STE: 216 B	5 2
	NORTH MIAMI, FL 33181	SEERE IAN ALLEAHASS
MGR	RICARDO FUHRKEN GONZALEZ	医三甲基
17.51.	2124 NE 123 ST STE: 216 B	
	NORTH MIAMI, FL 33181	<u> </u>
MGR	ENRIQUE AGUAYO	<u>,</u>
A T T T T T T T T T T T T T T T T T T T	2124 NE 123 ST STE: 216 B	ن ۽ سب
	NORTH MIAMI, FL 33181	<u> </u>
	The state of the s	<u></u>
		= 0
	·	
if the date inserted in this block do document's effective date on the Dep ICLE VI: Other provisions, if any.	nes not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed a
REQUIRED SIGNATURE:	N/A	
		<b>.</b>
Signature	of a member or an authorized representative of a member of a	
Signature This document i	of a member or an authorized representative of a member of a membe	mber.
This document i I am aware that a	s executed in accordance with section 605,0203 (1) (b), I my false information submitted in a document to the Dem	Horida Statutes
This document i I am aware that a	of a member or an authorized representative of a member of an authorized representative of a member of	Horida Statutes
This document i I am aware that a constitutes a thir	s executed in accordance with section 605.0203 (1) (b), I my false information submitted in a document to the Depid degree felony as provided for in s.817.155, F.S.	Horida Statutes
This document i I am aware that a constitutes a thir	s executed in accordance 11th section 605.0203 (1) (b), I my false information submitted in a document to the Depid degree felony as provided for in s.817.155, F.S.  THORNE.	Horida Statutes
This document i I am aware that a constitutes a thir	s executed in accordance with section 605.0203 (1) (b), I my false information submitted in a document to the Depid degree felony as provided for in s.817.155, F.S.	Horida Statutes
This document i I am aware that a constitutes a thir	s executed in accordance 11th section 605.0203 (1) (b), I my false information submitted in a document to the Depid degree felony as provided for in s.817.155, F.S.  THORNE.	Horida Statutes

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)