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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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

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FLORIDA LIMITED LIABILITY CO. LA CHIVA RUMBERA LLC

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COVER LETTER

| | r Filing Section ision of Corporations | | | |
|--|---|----------------|---|--|
| | LA CHIVA RUMBERA LLC | | | |
| SUBJECT: | Name of I | Limited Liabil | ity Company | _ · · |
| The enclosed | Articles of Organization and fee(s) | are submitted | I for filing. | |
| Please return | all correspondence concerning this | matter to the | following: | |
| | LUIS PINILLA | | | |
| · . · · | | Name of | Person | |
| | | | | |
| _ | <u> </u> | Firm/Co | ompany | |
| | 4450 URBANA DR APT 110 | | | |
| · · · | | Add | ress | ٠. |
| | ORLANDO FL 32837 | | | |
| i i i i i i i i i i i i i i i i i i i | NFO@EXPERTAXFINANCIAL.C | City/State ar | nd Zip Code | • |
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| For further in | ormation concerning this matter, ple | ase call: | | |
| | LUIS PINILLA | 407 | 9128120 | Andrewski (1975) Andrewski (1975) |
| | Name of Person | Area Code | Daytime Telephone Number | - , . [.] |
| Enclosed is | check for the following amount: | | | |
| □\$125.00 l | | Certif | ied Copy Certific and copy is enclosed) Certifie | 00 Filing Fee, ate of Status & d Copy d copy is enclosed) |
| ide (mend) de tamens | 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 | |

H200000300243

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: LA CHIVA RUMBERA LLC (Must constin 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: Mailing Address: Mailing Address: Mailing Address: Mailing Address: ASO URBANA DR APT 110 ORLANDO FL 32837 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 for another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: LUIS PINILLA Name 4450 URBANA DR APT 110 Florida street address (P.O. Box NOT acceptable) ORLANDO FLORIDA 32837 City State Zip faving been named as registered agent and to accept service of process for the above stated limited liability company at the slace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I auther agree to comply with the provisions of all stanuers relating to the proper and complete performance of my duties, and I my 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) | ARTICLE 1 - Name: | t tillia Ou manusta | | | |
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