

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565

Fax Number : (954)385-5175

C RICO

JAN 3 1 2020

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

Francis address: Office per lating counting con

## FLORIDA LIMITED LIABILITY CO. INCONCAR INTERNATIONAL GROUP LLC

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Certified Copy	0
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Estimated Charge	\$130.00

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Corporate Filing Menu

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P.O. Box 6327

Tallahassee, FL 32314

## COVER LETTER

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TO: New Filing Section Division of Corporations	
SUBJECT: INCONCAR INTERNATIONAL GE	ROUP LLC
Name of Lit	mited Liability Company
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this m	atter to the following:
DIEGO FIGUEROA	
	Name of Person
E & F LATIN GROUP LLC	
-	Firm/Company
1820 N CORPORATE LAKES BLVD	SUITE 109
	Address
WESTON FL 33326	
	City/State and Zip Code
DIEGO@BFLA'I1NACCOUNTING.CO	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	e call:
DIEGO FIGUEROA _at (9)	384 8565
	rea Code Daytime Telephone Number
Baclosed is a check for the following amount:	
■\$125.00 Filing Fee	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section Division The Centre of Tallahassee
Division of Corporations P.O. Box 6327	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABITATY COMPANY

ARTICLES OF OTRACTICO	<del></del>
ARTICLE I - Name: The name of the Limited Liability Company is:	
INCONCAR INTERNATIONAL GROUP LLC	
(Must constin the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of  Principal Office Address:	f the Limited Liability Company is:  Mailing Address:
2665 EXECUTIVE PARK DR SUITE2	2665 EXECUTIVE PARK DR SUITE 2
WESTON FL 33331	WESTON FL 3333T
ARTICLE III - Registered Agent, Registered Office, & Re	gistered 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:

E & F LATIN GROUP LLC Name 1820 N CORPORATE LAKES BLVD SUITE 109 Florida street address (P.O. Bux NOT acceptable) 33326 WESTON Zip City State

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 ugent as provided for in Chapter 605, P.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

)1/30/20 02:02PM PST '9543024976' -> 18506176381

Title:	Nume and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	GUMERCINDO RIVERA SAENZ
<u>MUK</u>	2665 EXECUTIVE PARK DR
	WESTON FL 33331
<del></del>	
<del></del>	
	he date of films: (01/30/20/20) (OPTIONAL)
ective date is listed, the date must of filing.) the date inserted in this block doe ment's effective date on the Depar	the date of filing: 01/30/2020 (OPTIONAL)  the specific and cannot be more than five business days prior to or 90 so not meet the applicable statutory filing requirements, this date will not ment of State's records.
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E V: Effective date, if other than the effective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of this document is Lam away that are	t be specific and cannot be more than five business days prior to or so is not meet the applicable statutory filing requirements, this date will no

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

\$ 5,00 Certificate of Status (Optional)