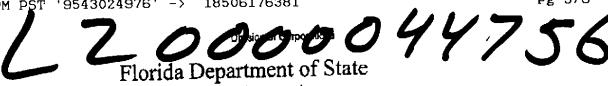
2/12/2020



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.

(((H20000049233 3)))



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Note: DO NOT hit 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:

: E & F LATIN GROUP LLC Account Name

Account Number : 120160000049

; (954)384-8565

Phone Fax Number

: (954)385-5175

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

FLORIDA LIMITED LIABILITY CO. BELITUR INTERNATIONAL LLC

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Electronic Filing Menu

Corporate Filing Menu

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2/13/2020 10:41:48 AM PAGE. 1/001 Fax Server



February 13, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

E & F LATIN GROUP LLC

SUBJECT: BELITUR INTERNATIONAL LLC

REF: W20000015109

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any further questions concerning your document, please call (850) 245-6052.

FAX Aud. #: H20000049233 Matthew T Moon Regulatory Specialist II Supervisor Letter Number: 420A00003253

New Filing Section

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: BELITUR INTERNATIONAL LIC	
Name of Lin	ited Liability Company
The enclosed Articles of Organization and fee(s) an	submitted for filing.
Please return all correspondence concerning this ma	
Prease return an correspondence concerning and the	20 20 10 30 mg.
DIEGO FIGUEROA	
	Name of Person
E & F LATIN GROUP LLC	
	Firm/Company
1820 N CORPORATE LAKES BLVD	SUITE 109
	Address
WESTON FL 33326	
	ity/State and Zip Code
DIEGO@EFLATINACCOUN'I'ING.CC	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	cali:
DIEGO FIGUEROA/95	4) 384 8565
Name of Person A	rea Code Duytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Piling Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Malling Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suito 810 Tallahassee, FL 32303

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ERNATIONAL LLC				
(Musi	constin the words "Limited Liabl	lity Company, "L.L.C.," or "L.L.C.")			
ARTICLE II - Address: The mailing address and st	reet address of the principal office	of the Limited Liability Company is:			
<u>Pn</u>	inclus Office Address:	Mailing Address:			
2665 EXECUT WESTON FL 3	IVB PARK DR SUITE2 3331	2665 EXECUTIVE PARK DR SUITE 2 WESTON FL 33331	<u> </u>		
		<u> </u>	_		
(The Limited Liability Con another business entity wit	d Agent, Registered Office, & Respany cannot serve as its own Registration.) treet address of the registration agen	istered Agent. You must designate an individual or	IALLAHAS	2020 FEB	-
(The Limited Liability Con another business entity wit	npany cannot serve as its own Regi h an active Florida registration.)	istered Agent. You must designate an individual or	SECRETARY TALLAHASSE	2020 FEB 13	-
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(The Limited Liability Con another business entity wit	npany cannot serve as its own Regin han active Florida registration.) Treet address of the registered agent E & F LATIN GROUP LI	istered Agent. You must designate an individual or in are: LC nue AKES BLVD SUITE 109		13	. וורס

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 abligations of my position as registered agent as provided for in Chapter 605, F.S..

City

Registered Agent's Signature (REQUIRED)

State

Zip

(CONTINUED)

Title: "AMBR" - Authori "MOR" = Manager	zed Member	Name and Address:		
MGR	NI	IRI I TURQUIE		
MUN	—·· 111	65 EXECUTIVE PARK DR		
	W	ESTON FL 33331		
MGR	<u>IS</u>	AAC TUROUIE		
		63 EXECUTIVE PARK DR		<u>.</u>
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