

2/12/2020

L2000044756

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.

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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: Account Name : E & F LATIN GROUP LLC  
Account Number : I20160000049  
Phone : (954)384-8565  
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.\*\*

Email Address: Diego@eflatinaccounting.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 FEB 13 PM 1:47

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FLORIDA LIMITED LIABILITY CO.  
BELITUR INTERNATIONAL LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

REGISTRATION  
SERVICES

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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.

Matthew T Moon  
Regulatory Specialist II Supervisor  
New Filing Section

FAX Aud. #: H20000049233  
Letter Number: 420A00003253

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: BELITUR INTERNATIONAL LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter 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@EFLATINACCOUNTING.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DIEGO FIGUEROA** at ( **954** ) **384 8565**  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BELITUR INTERNATIONAL LLC

(Must contain 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:**

2665 EXECUTIVE PARK DR SUITE 2  
WESTON FL 33331

**Mailing Address:**

2665 EXECUTIVE PARK DR SUITE 2  
WESTON FL 33331

**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 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. Box **NOT** acceptable)

WESTON      FL      33326  
City              State              Zip

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TALLAHASSEE, FLORIDA  
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*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 as provided for in Chapter 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" - Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

NURI TURQUE  
2665 EXECUTIVE PARK DR  
WESTON FL 33331

MGR

ISAAC TURQUE  
2665 EXECUTIVE PARK DR  
WESTON FL 33331

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/12/2020. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

NURI TURQUE

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)