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 : I20160000849
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 @ et latin accounting com

# FLORIDA LIMITED LIABILITY CO. MNH9 INVESTMENTS LLC

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

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## COVER LETTER

TO:	New Filing Se Division of Co				
SIIRJE	<sub>CCT</sub> . MNH9 IN	VESTMENTS LLC			
GÇ GQ I.	~··	Name of Lin	nited Liabil	ity Company	
The end	closed Articles of	f Organization and fcc(s) an	c submitted	for filing.	
Please	return all corresp	ondence concerning this ma	atter to the f	ollowing:	
	DIEGO FIG	UEROA			
			Name of	?'erson	
	E&FLATI	N GROUP LLC			
		<del></del>	Firm/Co	mpany	
	1820 N CO	RPORATE LAKES BLVD	SUITE 109	·	
			Addn	±sa	-
	WESTON F	L 33326			
			ity/State and	l Zip Code	
		_ATINACCOUNTING.CO E-mail address: (to be used		anual senast notificati	
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or furth	er information co	ncerning this matter, please	call:		
	DIEGO FIGT	JEROA ai (95	4	384 8565	
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Fuclose	ed is a check for t	he following ammunt:			
	,00 Filing Fee	S\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	□\$160.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisk P.O. B	IF Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 1415 N. Monroe Stree Tallahassee, FL 3230	issee et, Suite 810

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

A	DT	m	r	1 -	Ν-	me .

The name of the Limited Liability Company is:

### MNH9 INVESTMENTS 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:

Prin	ein el	Office	Addra	
rm		Unite	Aum	

#### Mailing Address:

Zip

1820 N CORPORATE LAKES BLVD	1820 N CORPORATE LAKES BLVD
SUITE 103	SUITE 103
WESTON FL 33326	WESTON FL 33326

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

City

another business entity with an active Florida registration.)

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

B&F LATIN GROU	P LLC	
	Name	
1820 N CORPORATI	E LAKES BLVD	SUITE 109
Florida stroot address	(P.O. Box <u>NOT</u>	acceptable)
WESTON	FL	33326

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 agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

N C. NAVARRO CORPORATE LAKES BLVD STE 103 ON FL 33326
(OPTIONAL) nnot be more than five business days prior to o icable statutory filing requirements, this date will cords.
authorized representative of a member. ance with section 605.0203 (1) (b), Florida Status submitted in a document to the Department of St
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ovided for in s.817.155, F.S.
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