

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : RASCO KLOCK PEREZ & NIETO, P.L.
 Account Number : 104076000124
 Phone : (305)476-7100
 Fax Number : (305)476-7102

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

Email Address: abazo@rascoklock.com

FILED RECEIVED
 2020 MAR 11 PM 12:06
 SECRETARY OF STATE
 TALLAHASSEE, FL
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FLORIDA LIMITED LIABILITY CO.
Cibrian Arquitectos Estudio USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION

In compliance with Chapter 605, F.S. (Limited Liability Company Act)

ARTICLE I- NAME: The name of the Florida limited liability company is: **CIBRIAN ARQUITECTOS ESTUDIO USA, LLC**

ARTICLE II- ADDRESS: The principal and mailing address of the limited liability company is: 2555 Ponce de Leon Blvd Suite 600 Coral Gables FL 33134

ARTICLE III- PURPOSE: The purpose of the limited liability company shall be rendering architectural and interior design services, as well as consulting services in the field of decoration and any and all lawful purposes and members and managers may consider from time to time.

ARTICLE IV- REGISTERED AGENT: The name and address of the registered agent of the corporation is: **TRANSWORLD BUSINESS MANAGEMENT, LLC** 2555 Ponce de Leon Blvd., Suite 600 Coral Gables FL 33134

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Registered Agent

03/09/20
Date

ARTICLE V- MANAGERS: The name and address of person(s) authorized to manage the limited liability company:

Manager- FERNANDO CIBRIAN CASTRO
Manager- CARLOS JACOBO PRIETO

All managers shall have the address- 5875 Collins Ave #1407 Miami Beach FL 33140

ARTICLE VIII- AUTHORIZED REPRESENTATIVE: The name and address of the authorized representative for organization is: **TRANSWORLD BUSINESS MANAGEMENT, LLC** 2555 Ponce de Leon Blvd Suite 600 Coral Gables FL 33134

I submit this document and affirm that the facts stated herein are true. 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.

For Authorized Representative

03/09/20
Date

2020 MAR 11 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FL

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