

**L2000017378**

## Florida Department of State

Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
BIOCHARGE, LLC**

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MAR 1 2020

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 MAR 13 AM 7:56

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**Florida Department of State**  
**Attention: New Filings Section**

To whom it may concern:

This is to advise that the owners of

BIOCHARGE INC

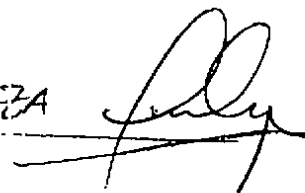
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are the same owners of the attached articles.

Thank you for your help in this matter.

Thanks,

PEDRO ESPINOZA



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

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BIOCHARGE, LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

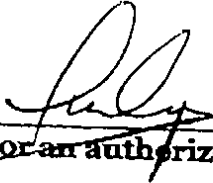
8020 NW 60TH STBUILDING BMIAMI, FL 33195**ARTICLE III - Registered Agent, Registered Office:**

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

PEDRO ESPINOZA - 11685 W ATLANTIC BLVDBUILD 19 APT 26CORAL SPRINGS, FL 33071**ARTICLE IV**

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

PEDRO JESUS SIMON ESPINOZA(AMBR)ALICIA MERCEDES PAIVA TORREALBA(AMBR)GILMA SANTANA YANEZ(AMBR)

**Required Signatures:**

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury 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.

PEDRO ESPINOZA

Typed or printed name of signee

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)

SECRETARY OF STATE  
TALLAHASSEE, FL

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