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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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : DORIS ACCOUNTING & TAX SERVICE CORP

Account Number : I20190000104 Phone : (305)480-0269 Fax Number : (305)480-0518

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

Email Address: Anie Dalomo@infor-ingen.com

FLORIDA LIMITED LIABILITY CO. THE BOF PALOMO LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
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COVER LETTER

TO:

New Filing Section

| Div | ision of Cor | porations | | | |
|-----------------|-----------------------------|---|-----------------|---|---|
| SUBJECT: | THE BOF | PALOMO LLC | | | |
| | | Name | of Limited Li | ability Company | |
| The enclosed | d Articles of | Organization and fo | c(s) are submi | itted for filing. | |
| Please return | all correspo | ondence concerning | this matter to | the following: | |
| 1 | DORIS C PO | DLANCO | | | |
| _ | | | Nam | e of Person | |
| ī | DORIS ACC | COUNTING & TAX | SERVICE C | ORP | |
| _ | _ | | Firm | √Company | |
| ; | 10154 W FL | AGER ST | | | |
| - | | | | address | |
| ! | MIAMI, FL | 33174 | | | |
| T. | AXES@DO | RISTAXES.COM | City/Stat | e and Zip Code | |
| _ | E | E-mail address: (to b | e used for futi | ire annual report notificat | ion) |
| For further inf | ormation co | ncerning this matter | . please call: | | |
| r | OORIS POL | ANCO | 305 at (| 480-0269 | |
| | Nam | e of Person | Area Cod | le Daytime Telephon | ne Number |
| Enclosed is a | check for th | ne following amoun | ı: | | |
| ■\$125.00 F | iling Fee | □\$130.00 Filing Certificate of Sta | tus Ce | \$155.00 Fiting Fee & rtified Copy tional copy is enclosed) | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | New Fi Divisio P.O. B | g Address ling Section on of Corporations ox 6327 assec, FL 32314 | | Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230 | assee et, Suite 810 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE BOF PALOMO LLC

(Must conatin 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:

Mailing Address:

| 7206 NW 84 AVE | 7206 NW 84 AVE |
|-----------------|-----------------|
| MIAMI, FL 33166 | MIAMI, FL 33174 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

City

(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:

| | Name | |
|--------------------|-----------------------|------------|
| 7206 NW 84 AV | E | |
| Florida street add | fress (P.O. Box NOT a | cceptable) |
| MIAMI | FL | 33166 |

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

Zip

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 (REOUIRED)

(CONTINUED)



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR DANIEL L. PALOMO MANAN 7206 NW 84 AVE MIAMI, FL 33166 YASNA E. PANALOZA PENALOZA 7206 NW 84 AVE MGR MIAMI, FL 33166 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 03/18/2020 (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. **REOUIRED 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. 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)