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# Division of Corporations Electronic Filing Cover Sheet

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# FLORIDA LIMITED LIABILITY CO. IRIBERRI & FAMILY, LLC

Certificate of Status	1
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

#### Iriberri & Family, LLC

**ARTICLE II - Address:** 

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

#### Principal Office Address:

11251 NW 20th Street Suite 119 Miami, Fl 33172

#### **Mailing Address:**

11251 NW 20th Street Suite 119 Miami, FL 33172

## ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

#### Jose Iriberri Ibarrondo

11251 NW 20<sup>th</sup> Street, Suite 119 Miami, FL 33172

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.

Jose Inbern Ibarrade

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Registered Agent's Signature

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#### ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Manager

Jose Iriberri Ibarrondo

Address for the managers: 11251 NW 20th Street, #119, Miami, Fl 33172

ARTICLE V - Effective Date: June 18th, 2020

#### REQUIRED SIGNATURE:

--- Docusioned by:

Jose Interni Ibamado

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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.)

Jose Iriberri Ibarrondo

Typed or printed name of signee

SECRETARY OF STAT