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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

New Filing Section

Ði	ivision of Co	rporations			
SUBJECT	•	В	ushnevaus	LLC	
30000001	•	Name of	Limited Liabi	ity Company	
The enclose	ed Articles of	Organization and fee(s) are submitted	for filing.	
Please retur	rn all corresp	ondence concerning this	matter to the	following:	
			Ignacio Agu	stin Martinez	
			Name of	Person	
			Firm/Co	ompany	
		6309	5 Indian Cr	eek Dr, Apt 5E	
			Add	ess	
		M ia	mi Beach, f		
		t	City/State ar cushnevau	id Zip Code s@gmail.com	
_		E-mail address: (to be u	sed for future	annual report notificat	ion)
For further in	nformation co	oncerning this matter, pl	ease call:		
	Igna	cio Martinez	786	270 972	20
	Nan	ne of Person	Area Code	Daytime Telephor	ne Number
Enclosed is	a check for t	the following amount:			
□\$125.00	Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certif	5.00 Filing Fee & led Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		filing Section on of Corporations		New Filing Section D The Centre of Tallah	
		Box 6327		2415 N. Monroe Stre	
		nassee, Fl. 32314		Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		evaus LLC	
(Must co	ontain the words "Limited L	iability Company.	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal of	fice of the Limited	Liability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
6305 1	ndian Creek Dr Apt 5E		6305 Indian Creek Dr Apt 5E
Miami	Beach, FL 33141		Miami Beach, FL 33141
another business entity with a The name and the Florida stre	n active Florida registratior et address of the registered	1.)	You must designate an individual or
another business entity with a	n active Florida registratior et address of the registered	agent are:	
another business entity with a	n active Florida registration et address of the registered lgna	n.) agent are: cio Agustin Martine Name ian Creek Dr Apt 5	ez E
another business entity with a	n active Florida registratior et address of the registeredlgna	n.) agent are: cio Agustin Martine Name ian Creek Dr Apt 5	ez E
another business entity with a	n active Florida registration et address of the registered lgna 6305 Ind Florida street address Miami Beach	agent are: cio Agustin Martine Name ian Creek Dr Apt 5 (P.O. Box NOT a	Ecceptable)
another business entity with a	n active Florida registration et address of the registered Igna 6305 Ind Florida street address	agent are: cio Agustin Martine Name ian Creek Dr Apt 5 (P.O. Box NOT a	E cceptable)

(CONTINUED)

ARTICLE IV-

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
ŭ		
AMBR	Ignacio Agustin Martinez	
	6305 Indian Creek Dr Apt 5E	
	Miami Beach, FL 33141	
AMBR	Mana Lujan Candria	
	6305 Indian Creek Dr Apt 5E	
	Miami Beach, FL 33141	
		
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COVER LETTER

TO:	New Filing S Division of C				
SUBJI	ЕСТ:	Bus	shnevaus LLC		
			mited Liability Cor	npany	-
The en	closed Articles o	of Organization and fee(s) a	re submitted for fil	ing.	
Please	return all corres	pondence concerning this m	atter to the followi	ng;	
		lgr	nacio Agustin M		
			Name of Persor	1	
			Firm/Company		
		6305 I	ndian Creek D	r, Apt 5E	
			Address		
•			Beach, FL 331		
			City/State and Zip (shnevaus@gn		
	, , , , , ,	E-mail address: (to be used	for future annual i	eport notificati	on)
For furthe	er information co	oncerning this matter, please	e call:		
	Igna	cio Martinez at (786)	270 972	0
	Nan	ne of Person A	rea Code Day	time Telephon	e Number
Enclosed	l is a check for t	he following amount:			
□\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155,00 Fil Certified Cop (additional copy	у	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	· · · · · · · · · · · · · · · · · · ·	ng Address		Address	
		iling Section on of Corporations		ling Section Di ntre of Tallaha	
	P.O. B	ox 6327		. Monroe Stree	
		assee, FL 32314		ssee, FL 32303	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

-		vaus LLC		
(Must	contain the words "Limited Lia	bility Company	/, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stre	eet address of the principal offic	ce of the Limite	d Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
	Indian Creek Dr Apt 5E		6305 Indian Creek Dr Apt 5E	
6305	ilidian Creek of Aproc			
Mian ARTICLE III - Registered The Limited Liability Composition of the business entity with	ni Beach, FL 33141 Agent, Registered Office, & I	gistered Agent	Miami Beach, FL 33141	
Mian ARTICLE III - Registered The Limited Liability Companother business entity with	Agent, Registered Office, & I bany cannot serve as its own Re an active Florida registration.)	gistered Agent ent are:	Miami Beach, FL 33141 ent's Signature: . You must designate an individual or	
Mian ARTICLE III - Registered The Limited Liability Companother business entity with	Agent, Registered Office, & I bany cannot serve as its own Re an active Florida registration.) eet address of the registered ag	gistered Agent	Miami Beach, FL 33141 ent's Signature: . You must designate an individual or	
Mian ARTICLE III - Registered The Limited Liability Companother business entity with	Agent, Registered Office, & I bany cannot serve as its own Re an active Florida registration.) eet address of the registered agent Ignacion N	gistered Agent ent are: DAgustin Martin	Miami Beach, FL 33141 ent's Signature: . You must designate an individual or	
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Mian ARTICLE III - Registered The Limited Liability Companother business entity with	Agent, Registered Office, & I bany cannot serve as its own Re an active Florida registration.) eet address of the registered agent Ignacion N	egistered Agent gent are: Di Agustin Martin lame In Creek Dr Apt	Miami Beach, FL 33141 ent's Signature: . You must designate an individual or	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

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. RTICLE VI: Other provisions, if any. 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.	Title:	Name and Address:
AMBR Ignacio Agustin Martinez		
(Use attachment if necessary) (OPTIONAL) (OPTIONAL) (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 ne date of filing.) (OPTIONAL) (OPTI	"MGR" = Manage	Γ
Mana Lujan Candria 6305 Indoan Greek Di Apt 555 Mami Beach, FL 33141 (Use attachment if necessary) (RTICLE V: Effective date, if other than the date of filling: (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 filling.) (OPTIONAL) (OPTIONAL) If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. RTICLE VI: Other provisions, if any. REQUIRED 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.	AMBR	Ignacio Agustin Martinez
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(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:		
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	t an	a aware that any false information submitted in a document to the Department of State
		konacio Agustin Martunez
		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)