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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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97/24/20--01040--013 **160.00

Derick Thompson

COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT: PU	MA MOVI) Name of Lim	nited Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Luciano Varel		
		Name of Person	
		Firm/Company	
		TimeCompany	
<u>3224 S</u>	W 24th Terrace		
		Address	
Miami	FL 33145		
	Ci	ity/State and Zip Code	_
· · · · · · · · · · · · · · · · · · ·	varela 2000 er		
1	z-mail address: (to be used	for future annual report notificati	on)
For further information co	ncerning this matter, please	call:	
Luciano	Varela au T	86 , 624-9051	
Nam	e of Person Ar	ea Code Daytime Telephon	e Number
Enclosed is a check for t	he following amount:		
□\$125.00 Filing Fee	□\$130,00 Filing Fee & Certificate of Status	☐\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailir	g Address	Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Punta Movil LL	C		
(Must contain the words "Limited	d Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal	office of the L	imited Liability Company is:	
Principal Office Address: 3224 SW 24th Terrace. Miami, FL 3345		Mailing Address: 3224 SW 24th Terrace Miami, FL 33145	
Luciano V 3224 SW 2 Florida street addre	4th Terra	ce	
Miami Flor	ida	33145 Zip	
City	State	Zip	
	pointment as re relating to the n as registered	egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and	
	(CONTIN	UED)	

Δ	RTI	CI	Г	IV_{-}

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

Title:	Name and Address:
"AMBR" = Authorized Memb	er
"MGR" = Manager	l canada da la cala
AMBR	Luciono Varela 3224 su 24m revare
	Miami, FL 33145
AMBR	Julio Varela
	3224 SW 24th Terrace
	Miami, FL 33145
MGR	Stephano Varela 3224 SW 24th Terrace
	32.24 SW 29th Terrace Miami, FL 33.145
	Totalities
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other that (If an effective date is listed, the date in the date of filing.)	nn the date of filing:
	does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This documen I am aware tha	re of a member and authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b). Florida Statutes, it any false information submitted in a document to the Department of State hird degree follows as provided for in s.817.155, F.S.
	Julio Varela
	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)