

L20000 320567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

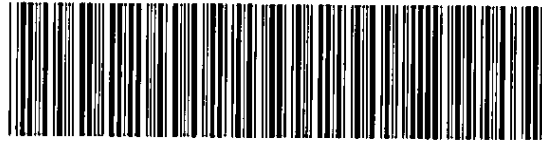
(Document Number)

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N CHIEF  
OCT 16 2020

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: VENEMEXUSA  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN Luis ROSIN Rodriguez  
Name of Person

\_\_\_\_\_  
Firm/Company

1800 MIKOSUKEE Commons Drive apt. #1311, Tallahassee, FL 32308  
Address

Tallahassee, Florida 32308  
City/State and Zip Code

JUANLHR1974@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN ROSIN at ( 813 ) 9479362  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                              |                                                                                    |                                                                                                   |                                                                                                                        |
|----------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|----------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

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RECEIVED  
DIVISION OF CORPORATIONS

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

Venemexusa, LLC

(Must contain the words "Limited Liability Company," "LLC," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1800 Miccosukee Commons  
Drive Apt. 1311 Tallahassee  
FL 32308

1800 Miccosukee Commons  
Drive Apt 1311 Tallahassee

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

(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:

Sandra Concepción

Name

3219 Bodmin Moor Dr

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32317

City

State

Zip

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.

Sandra Concepción

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

Name and Address:

"MEMBER" = Authorized Member

"MGR" = Manager

MGR

Juan Marin.  
1800 microsukee Commons Dr. Apt 1311  
Tallahassee FL 32308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.

REGISTERED 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.)

Juan Luis Marin Rodriguez  
Typed or printed name of signer

Filing Fee:

- 1.25.11 Filing Fee for Articles of Organization and Designation of Registered Agent
- 0.20.00 Certified Copy (Optional)
- 1.00.00 Certificate of Status (Optional)