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 : L & R INTERNATIONAL FIRM INC

Account Number : 120200000026 Phone : (786)413-4344 : (305)222-9004

Fax Number

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

	Address:			
emai i	Address:			

FLORIDA LIMITED LIABILITY CO. **IDARRAGA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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• COV	'ER LETTER	
TO: New Filing Section Division of Corporations		
SUBJECT: IDARRAGA LLC Name of Lim	ited Liability Company	<u> </u>
The proloced Articles of Oceanination and forder and	and the filling	
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this mat	_	
Please lettin an correspondence concerning and man	der to the following.	
JESSICA IDARRAGA		
	Name of Person	
IDARRAGA LLC		
	Firm/Company	
2176 NW 17TH AVE		·
	Address	
MIAMI, FL 33142		
Ci	ty/State and Zip Code	
E-mail address: (to be used	for future annual report notification	on)
For further information concerning this matter, please	call:	
170010A 17A77A	NG 999 9949	
JESSICA IDARRAGA at (30	05) 336 - 0619 rea Code Daytime Telephone	: Number
Enclosed is a check for the following amount:		
✓\$125.00 Filing Fee	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Di The Centre of Tallaha	

P.O. Box 6327

Tallahassee, FL 32314

H20000368320 3

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liabi	lity 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:
2176 NW 17TH AVE	2176 NW 17TH AVE
MIAMI, FL 33142	MIAMI, FL 33142
ARTICLE III - Registered Agent, Registered Office, & R	egistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Reg	

FRANCO ROBLES

Name

8410 W FLAGLER ST STE 205

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

MIAMI FL 3314**4**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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 OCT 22 PM 3: 22

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Title:	Name and Address:	
"AMBR" = Authorized Mc	nber	
"MGR" = Manager		
MGR	JESSICA IDARRAĜA	
	2176 NW 17TH AVE MIAMI, FL 33142	
	MUWIL, FE 33 MZ	
· · · · · · · · · · · · · · · · · · ·		
	<u></u>	
		
(Use attachment if necessar	than the date of filing: 10722/2020 (OPTIONAL)	lays after
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