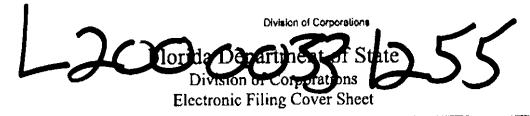
10/26/2020



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.

(((H20000372277 3)))



H200003722773ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565

Fax Number : (954)385-5175

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

## FLORIDA LIMITED LIABILITY CO. ESCORZA INVESTMENT LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

COVER LETTER

TO: New Filing S Division of C	Section Corporations		
SUBJECT: ESCORZ	ZA INVESTMENT LLC		
NUBJECT:		mited Liability Company	
The enclosed Articles	of Organization and fee(s) as	re submitted for filing.	
Please return all corres	spondence concerning this m	atter to the following:	
DIEGO FI	GUEROA		
	<del> </del>	Name of Person	
E & F LAT	TIN GROUP LLC		
		Firm/Company	
1820 N CC	ORPORATE LAKES BLVD	SUITE 109	
	•	Address	
WESTON	FL 33326		
		ity/State and Zip Code	
DIEGO@E	FLATINACCOUNTING.CO		
	E-mail address: (to be used	for future annual report notificat	ionj
For further information c	concerning this matter, please	call:	
DIEGO FIC	GUEROAat (95	384 8565	
Na		rea Code Daytime Telephon	e Number
maloudi abadetee	15 - 6-11		
Enclosed is a check for	_	meiss on the re-	CISIAN ON Filing Fee
□\$125.00 Filing Fee	S130.00 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)
Malli	ing Address	Street Address	
New :	Filing Section	New Filing Section D	
	ion of Corporations Box 6327	The Centre of Tallahi 2415 N. Manroe Stre	
	hassee, FL 32314	Tallahussov, FL 3230	3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	- Name:
---------	---------

The name of the Limited Liability Company is:

ESCORZA INVESTMENT LLC

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

## ARTICLE 11 - Address:

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

Princip	al Office	: Address:

Mailing Address:

2665 EXECUTIVE PARK DR	2665 EXECUTIVE PARK DR
SUITE 2	SUITE 2
WESTON FL 33331	WESTON FL 33331

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:

E & F LATIN GROUP LLC
Name

1820 N CORPORATE LAKES BLVD SUITE 109

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

WESTONPL33326CityStateZip

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)

20 0CT 27 PM 4: 07

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
<u>MGR</u>	EUGENIA O. ESCORZA  2665 EXECUTIVE PARK DR SUITE 2  WESTON FL 33331
(Use attachment if necessary)	
(Ose attachment it necessary)	
E V: Effective date, if other than the cetive date is listed, the date must of filing.) The date inserted in this block does	he date of filing: 10/26/2020 . (OPTIONAL)  t be specific and cannot be more than five business days prior to or 90  as not meet the applicable statutory filing requirements, this date will not rement of State's records.
EV: Effective date, if other than the certive date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will not rement of State's records.
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EV: Effective date, if other than the settive date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that are	t be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will not rement of State's records.