

# L2 0000 346 000

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

**Atitlan Holdings LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**ATITLAN HOLDINGS LLC**  
**(a Florida Limited Liability Company)**

**Article I**

**Name:** The name of the Limited Liability Company is: **Atitlan Holdings LLC**

**Article II**

**Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **121 Alhambra Plaza, 10<sup>th</sup> Floor, Coral Gables, FL 33134.**

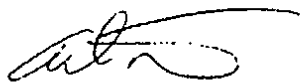
**Article III**

**Registered Agent, Registered Office, & Registered Agent's Signature:** The name and the Florida street address of the registered agent are:

Kravitz & Co. PA  
121 Alhambra Plaza, 10th Floor  
Coral Gables, FL 33134

*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..*

Kravitz & Co. PA



Adam Kravitz, President

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**Article IV**

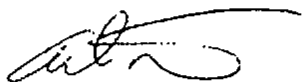
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name & Address

Manager

Andres Villalobos  
121 Alhambra Plaza, 10<sup>th</sup> Floor  
Coral Gables, FL 33134

**REQUIRED SIGNATURE:**

Signature of 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.*

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STATE OF FLORIDA  
DEPARTMENT OF STATE