| 18506 17638 1 | 'Page: 2 of 4 2020-12-08 15.52;57 GMT 13053284774 Fro |
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| 12/8/2020 | Fiorida Department of State |
| | Division of Corporations |
| | Electronic Filing Cover Sheet |
| | 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 : EXPRESS CORPORATE FILING SERVICE INC. |
| | Account Number : 120000000145 |
| | Fax Number : (305)444-4977 **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. |
| | FLORIDA LIMITED LIABILITY CO. LATIQUIM CA LLC |
| | |
| | Page Count 03 Estimated Charge \$155.00 |
| | istinacci charge |
| | J. FASON |

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To: 18506176381

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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|----|------|------|-----|-----------------------------|
| | | | | A MARY 1 Mary Communication |

(Must contain the words "Limited Liability 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: 1 CIA

Mailing Address:

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:

(-- C-120 SWI37 Au 18 Florida street address (P.O. Box NOT acceptable) ì. Massi State Zip City

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 duries, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

tered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| Title: "AMBR" = Anthorized Member | Name and Address: |
|--------------------------------------|---|
| "MGR" = Manager HUBR | Angel Lipi Viale Brits Nissan Tomp Phace |
| AM BOR. | Cland re dansta Anno 12 dansta Anno 12 gel portilitare Escial El 291-45 2959 |
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(Use attachment if necessary)

Jan 1, 2021 (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: <u>Jan 1</u>, <u>2021</u>. (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 muct 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.

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| tom | document is the | member or an authorized representative of a cuted in accordance with section 605.0203 (1) (lise information submitted in a document to the l | 5), Fiorica Statute | 2020 DEC |
| cons | titutes a third deg | ree folony as provided for in \$.817.155, F.S. | • | 1 |
| | ¢ | Typed or printed name of signee | | P۲ |
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