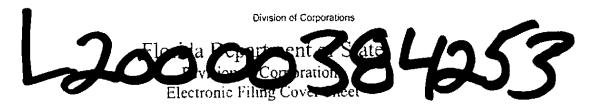
12/11/2020



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(((H20000424060 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146

Phone : (305)444-4994 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. CALZADA DE BOUGAINVILLEA LLC

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From: Yanet Avila



December 14, 2020

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: CALZADA DE EOUGAINVILLEA LLC

REF: W20000141952

We have received your document for CALZADA DE BOUGAINVILLEA LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

COMPLETE ADDRESS IS NEEDED FOR THE REGISTERED AGENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE Regulatory Specialist II

FAX Aud. #: H20000424060 Letter Number: 520A00025171

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Calzada DE Bougainvillea LC

(Must contain the words "Limited Liebility Comprise, "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: "

•				
12925 S.W. 1305+ #5A	12925 5 W 138 5 #5A			
Miani, FL 33186	Miani, CL 331810			
II Bankana Limut Bankana Office & Bankana Landa and Bankana				

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

Guillermo Torres

Name

13925 S.W. 130 St. #5A

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

Miami FL 3318 6

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited hability 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 stances 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 Agery's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- The name and address of each person	authorized to manage and control the Lig	nited Linbility Company:	:
Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	· (millermo To	Ornes	
	13935 S.W.	1325+ #5A 33180	}
		 	
MGR	Scrott Date	25.4 4624 20.4 4624	
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(Use attachment if necessary) FICLE V: Effective date, if other than the n effective date is listed, the date must be	e specific and cannot be more than five	business days prior to t	e 98 days after
date of filing.) e: If the date inserted in this block does t			II not be listed as
e: If the date inserted in this block does to document's effective date on the Departm	ent of State's records.	, , , , , , , , , , , , , , , , , , , ,	
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FICLE VI: Other provisions, if any,			<u> </u>
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REQUIRED SIGNATURE:	<i>,</i>		
KENTINED STORY	-Torres		
Signature of		ative of a member.	
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