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Florida Department of State
Division of Corporations
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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
BALLADARES ENTERPRISE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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DEC 16 2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

Balladares Enterprise, LLC

ARTICLE II - Address:

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

Principal Office Address:6172 N State Rd 7 Apt. 207
Coconut Creek, FL 33073-3656**Mailing Address:**6172 N State Rd 7 Apt. 207
Coconut Creek, FL 33073-3656**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:

Richard Balladares

Name

6172 N State Rd 7 Apt. 207

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

Coconut Creek	FL	33073
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 provide for in chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV -

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Richard Balladares

6172 N State Rd 7 Apt. 207

Coconut Creek, FL 33073-3656

AMBR

Elsa I Balladares

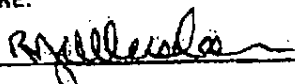
6172 N State Rd 7 Apt. 207

Coconut Creek, FL 33073-3656

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:



Signature of a member or an 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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