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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	Division of Corporations	
	Fax Number : (850)617-6381	; .
From:		
	Account Name : LAZARUS CORPORATE FILING SERVIC	\mathbf{E} , \mathbf{IMC} .
	Account Number : I2 00000000 19	
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		4
Enter	the email address for this business entity to be unnual report mailings. Enter only one email address	used for futur please.

FLORIDA LIMITED LIABILITY CO. ESCOGAR 2021 LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

JAN 1 9 2021

T. SCOTT

2021 JAN 15 PH 1.50

3052201440

ARTICLES OF O	RGANIZATION FOR FLORIC	A LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability C	Company is:	
ESCOGAR 2021 LLC		
(Must contain	the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	ress of the principal office of	the Limited Liability Company is:
Principal	Office Address:	Mailing Address:
6010 NW 99th Ave		6010 NW 99th Ave
Unit 100		Unit 100
Doral, FL 33178		Doral, FL33178
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an act The name and the Florida street ad	annot serve as its own Registive Florida registration.) Iddress of the registered agent Enrique Escobar	nuc:
	Nam	c·
	ZOLO MW OOR Ave limit !	00.

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

33178 FL Doral Zip State 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 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)

3052201440

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

ARTICLE IV-

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Memb	ber
MGR" = Manager	
MGR	Enrique Escobar
MOR	1) (37 NW 67th St
*	Doral, FL 33178
	Olar Cream Fearbar
MGR	Clarg Susana Escubar
	Doral, FL 33178
	•
MGR	Andres Escobar
<u>, , , , , , , , , , , , , , , , , , , </u>	3610 N. Bay Homes Dr
	Mianni, FL 33133
· v con	Santiago Escobar
MOR	3114 Bird Avenuc
	Miami, FL 33133
EV: Effective date, if other tective date is listed, the date	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other tective date is listed, the date of filing.) The date inserted in this bloc	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 k does not meet the applicable statutory filing requirements, this date will no
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