

ALIA REGISTERED AGENT INC. 561-202-8082  
12009000032Florida 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.

(((H21000020214 3)))



H210000202143ABCM

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

## To:

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

## From:

Account Name : ALIA REGISTERED AGENT INC.  
Account Number : 120090000032  
Phone : (561) 792-2236  
Fax Number : (561) 202-8082

**\*\*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.  
GRISONES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2021 JAN 15 AM 8:46

4210000202143

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**ARTICLE I: NAME

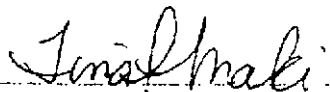
The name of the Limited Liability Company is:

**GRISONES LLC**ARTICLE II: AddressThe mailing address and street address of the principal office of the  
Limited Liability Company is:**4935 RANGER DR.  
DAVIE, FL 33328**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

**A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411**

Having been named as registered agent 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.

x **A1A REGISTERED AGENT INC.** / Registered Agent's Signature

4210000202143

H21000020214 3

PAGE 2**GRISONES LLC**

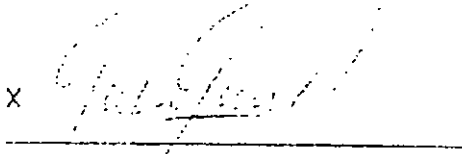
ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company.

**AMBR:**

**KRADOLFER DE GARCIA, MONIQUE S.  
URB. VALLE DEL SOL NO. A-6 Z.  
MALLASILLA, BOLIVIA**

**AMBR:**

**GARCIA ARISPE, VICTOR G.  
URB. VALLE DEL SOL NO. A-6 Z.  
MALLASILLA, BOLIVIA**

x   
\_\_\_\_\_

**VICTOR G. GARCIA ARISPE**

Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

H21000020214 3