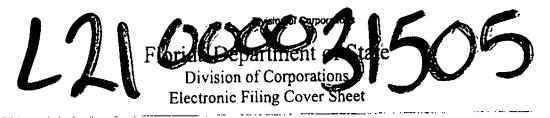
2/1/2021



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.

(((H21000043608 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20150000049 Phone : (954)384-8565 : (954)385-5175 Fax Number

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. **INGART LLC**

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

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Help

COVER LETTER

TO:	New Filing Sec Division of Co							
SUBJI	ECT: INGART	LLC		100				
		Nam	e of Limited Lie	bility Company				
The en	nclosed Articles of	f Organization and f	fce(s) are submit	ted for filing.				
Please	return all corresp	ondence concerning	g this matter to th	e following:				
	DIEGO FIG	JUEROA						
			Name	of Person				
	E&FLATI	IN GROUP LLC						
			Firm	Company				
	1820 N COI	RPORATE LAKES	BLVD SUITE	109				
	•		Ac	ldress				
	WESTON F	L 33326						
			-	and Zip Code	_			
		LATINACCOUNT				<u> </u>	2(
		E-mail address: (to	be used for futur	e annual report notifica	lion)	;` ≱>	121 f	
For furth	her information co	incorning this matte	r, please call:			デ デ エ	B	
	DIEGO FIG	UEROA	ut (<u>954</u>) 384 8565		TH AHASSEE TE	2021 FEB - 1 AM 9: 2	
	Nan	ne of Person	Area Code	Daytime Telephor	ne Number		AH	
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Enclos	ed is a check for t	he following amour	nt:			i Dis	21	
□\$12:	5.00 Filing Fee	圖\$130.00 Filing Certificate of St	utus Cert	155.00 Filing Fee & iffed Copy onal copy is enclosed)			ed)	
	New F Division P.O. B	ng Address Filing Section on of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section D The Contro of Tallah 2415 N. Monroe Str Tallahassec, FL 3236	iassec ect, Suite 810			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITIAN LIABILITY COMPANY

INGART LLC	
(Must conatin the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Address: the mailing address and street address of the principal office of the principal office of the principal office Address:	of the Limited Liability Company is: Mailing Address:
1820 N CORPORATE LAKES BLVD	1820 N CORPORATE LAKES BLVD
(620 H COM ONATE EARDO PERO	SUITE 103
SUITE 103	WESTON, FL 33326

E & F LATIN GROUP LLC

Name

1820 N CORPORATE LAKES BLVD SUITE 109

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

WESTON Fl. 33326

City State Zip

2021 FEB - 1 AM 9: 2

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 us 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..

Jego Tale 100 .

Jegistered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Membe	er en
"MGR" = Manager	
<u>MGR</u>	GONZALO JAIMES 1820 N CORPORATE LAKES BLVD SUITE 103 WESTON, FL 33326
MGR	ELSA C. MANTILLA 1820 N CORPORATE LAKES BLVD SUITE 103 WESTON, FL 33326
(Use attachment if necessary)	
CLE V: Effective date, if other that effective date is listed, the date in the of filling.) If the date inserted in this block of	n the date of filing: 02/01/2021 (OPTIONAL) sust be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be fi partment of State's records.
CLE V: Effective date, if other that effective date is listed, the date in the of filling.)	ust be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other that effective date is listed, the date in the of filing.) If the date inserted in this block ocument's effective date on the Decle CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be lipartment of State's records.
CLE V: Effective date, if other that effective date is listed, the date in the of filing.) If the date inserted in this block of cument's effective date on the Decare VI: Other provisions, if any. REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be fipertment of State's records.
CLE V: Effective date, if other that effective date is listed, the date in the of filling.) If the date inserted in this block of cument's effective date on the Decement's effective date in this document is an aware that	nust be specific and cannot be more than five business days prior to or 90 days does not meet the applicable statutory filing requirements, this date will not be lipartment of State's records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)