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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.
Account Number : 120180000068
Phone : (407)344-1012
Fax Number : (407)344-1371

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cristian@puerta320.com

**FLORIDA LIMITED LIABILITY CO.
PUERTA 320, LLC**

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

FEB 19 2021

T. SCOTT

2021 FEB 18 AM 9:57

2021 FEB 18 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PUERTA 320, LLC

(Must contain the words "Limited Liability Company," "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:Mailing Address:

1012 E Osceola Pkwy

7950 NW 53rd St

Suite 45

Suite 337

Kissimmee, FL 34744

Miami, FL 33166

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:

Freedomtax Accounting & Multiservices, Inc.

Name

1016 E Osceola Pkwy

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

Kissimmee

FL

34744

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 provided for in Chapter 605, F.S.

Julian Vasquez

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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGRM

Tisko, Cristian M.
Castelli 415, Libertador San Martin
Entre Rios, Argentina

MGRM

Talquenca, Luciana V.
Alberdi 305, Libertador San Martin
Entre Rios, Argentina

MGRM

Talquenca, Dulce A.
Dorrego 923, Presidente Derqui
Buenos Aires, Argentina

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Cristian M. Tisko

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.

Cristian M. Tisko

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)