

L21000070966

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)420-5722
Fax Number : (305)643-5225

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

Email Address: vanesainfantinos15518@gmail.com

2021 FEB 12 PM 4:06

FLORIDA LIMITED LIABILITY CO.
BIGIVA III LLC

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

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2-19-21

850-617-6381

2/12/2021 9:57:47 AM PAGE 1/001 Fax Server



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2021

ARIMIR SERVICES GROUP LLC

SUBJECT: BIGIVA III LLC
REF: W21000018625

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have completed the wrong form. You have completed articles of incorporation which is for a Florida corporation. If you are trying to register a LLC you will need to complete articles of organization.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: H21000059667
Letter Number: 021A00003165

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FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIGIVA III 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:

991 NW 143RD ST
Miami FL 33168

Mailing Address:

991 NW 143RD ST
Miami FL 33168

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:

Claudio H Infantino

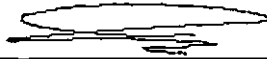
Name

991 NW 143RD ST

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

| | | |
|--------------|-----------|--------------|
| <u>Miami</u> | <u>FL</u> | <u>33168</u> |
| 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.



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:

AMBR

Claudio H Infantino
991 NW 143RD ST
Miami FL 33168

(Use attachment if necessary)

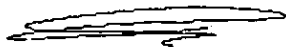
ARTICLE V: Effective date, if other than the date of filing: 02/12/2021 (OPTIONAL)

(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:



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.

Claudio H Infantino

Typed or printed name of signee

2021 FEB 12 PM 4: 06