3/9/2021



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : 120160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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

Email Address: Office Reflatinaccounting com

FLORIDA LIMITED LIABILITY CO. GALAMAR PROPERTIES LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
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Corporate Filing Menu

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P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

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| | | | | Firm/Co | ompany | | | | |
| | 1820 N COF | RPORATE LAK | ES BLVD | SUITE 10 | 9 | | | | |
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| For further | information co | ncerning this ma | tter, please | call: | | | 된 05 - 21 Y | — 0; ⊒д | Ō |
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| | Nam | e of Person | | ca Code | Daytime Telephon | e Number | | | |
| Enclosed i | s a check for t | he following am | ount: | | | | | | |
| ≱ ₹\$125.00 | 0 Filing Fee | \$130,00 Fil Certificate of | | Certifi | 5.00 Filing Fee & ied Copy is enclosed) | Certificate of Certificate of Certified Confeditional conf | of Status & opy | ed) | |
| | New F | ig Aildress iling Section on of Corporation | ns | | Street Address New Filing Section Di The Centre of Tallahe | | | | |

2415 N. Monroe Street, Suite 810

Tallahussee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLES OF ORGENIEATION ON THE | |
|--|--|
| ARTICLE I - Name: | |
| The name of the Limited Liability Company is: | |
| | |
| GALAMAR PROPERTIES LLC | 67 7 C B - 01 I C 2) |
| (Must conatin the words "Limited Liability | Company, "L.E.C.," or "LLC.) |
| ARTICLE II - Address: The mailing address and street address of the principal office of t | he Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2665 EXECUTIVE PARK DR | 2665 EXECUTIVE PARK DR |
| SUITE 2 | SUITE 2 |
| WESTON, FL 33331 | WESTON, FL 33331 |
| ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liebility Company cannot serve as its own Register another business entity with an active Florida registration.) | tered Agent's Signature: red Agent. You must designate an individual or |
| The name and the Florida street address of the registered agent as | re: |

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

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)

CARLAND OF STAT

FILED

,,,

| AMBR' - Authorized Member MGR' - Manager MGR | Title: | Name and Address: | |
|--|--|--|---|
| MGR GABRIEL E. SOTO 2665 EXECUTIVE PARK DR SUITE 2 WESTON, FL 33331 MGR LAURA AMAR DE SOTO 2665 EXECUTIVE PARK DR SUITE 2 WESTON, FL 33331 FABIOLA SOTO 2665 EXECUTIVE PARK DR SUITE 2 WESTON, FL 33331 WESTON, FL 33331 WESTON, FL 33331 Use attachment if necessary) V: Effective date, if other than the date of filing: 03/08/2021 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or stilling.) Weston this block does not meet the applicable statutory filing requirements, this date will nearly's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member of 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. Diego Figueros Typed or printed name of signate Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent | "AMBR" - Authorized Member | | |
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