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To:

Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
OBLEAS GOLOSOS USA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
 2021 MAR 29 AM 10:30
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 FLORIDA DEPARTMENT OF STATE
 COMMERCIAL SERVICES
 TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OBLEAS GOLOSOS USA, LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:15481 SW 21 TERRMIAMI, FL 33185Mailing Address:15481 SW 21 TERRMIAMI, FL 33185

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.)

I, _____, name and title of the individual or business entity designated as agent:

BEATRIZ MARIN

Name

15481 SW 21 TERRFlorida street address (P.O. Box NOT acceptable)MIAMIFL33185

City

State

Zip

I, _____, named as registered agent, do hereby 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.

Beatriz Marin
 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:Name and Address:

Authorized Member(s)

Manager

MGR

BEATRIZ MARIN

16481 SW 21 TERR

MIAMI, FL 33185

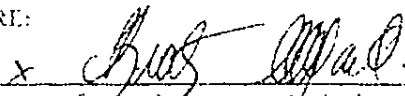
Other provisions, if necessary:

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:x 

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.

BEATRIZ MARIN

Type or printed name of signer

STATE
ALLIANCE, FL

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