

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

From: Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : I20190000028
Phone : (786)953-7449
Fax Number : (786)953-7450

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.
MYMS UNION LLC

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FLORIDA
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CORPORATIONS

**Articles of Organization
For
Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Article of Organization:

Article I

The name of the limited liability company is:
MYMS UNION LLC

Article II

The street address of the principal office of the Limited Liability Company is:
**595 VISTA ISLES DRIVE No. 1924
SUNRISE, FL. 33325**

The mailing address of the Limited Liability Company is:
**CCS829369 MARCIAL BARRIOS
2250 NW 114TH AVENUE, UNIT C-1
MIAMI, FL. 33192-4177**

Article III

Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
**MARCIAL ANDRES BARRIOS COVARO
595 VISTA ISLES DRIVE No. 1924
SUNRISE, FL. 33325**

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature: _____

[Handwritten Signature]

FILED
JAN 10 2004
CLERK OF COURT
MIAMI COUNTY, FLORIDA

FILED
JAN 10 2004
CLERK OF COURT
MIAMI COUNTY, FLORIDA


Article V

The name and address of person(s) authorized to manage the LLC:

Title: AMBR
MARCIAL ANDRES BARRIOS COVARO
595 VISTA ISLES DRIVE No. 1924
SUNRISE, FL. 33325
50% PARTNER

Signature: 

Title: AMBR
YOHAMA AUXILIADORA CARABALLO ARIAS
595 VISTA ISLES DRIVE No. 1924
SUNRISE, FL. 33325
50% PARTNER

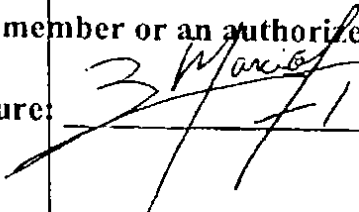
Signature: 

Article VI

The effective date of this Limited Liability Company Shall be:

03/01/2021

Signature of member or an authorized representative:

Signature: 

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st of each year.

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STATE OF FLORIDA

and May 1st in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

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