

4/12/2021

L21000156584

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

From: Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305)541-3980
Fax Number : (786)713-1940

****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.
PROJECT AURORA LLC**

Certificate of Status	0
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H21000146079 3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROJECT AURORA 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:8175 NW 12 ST SUITE 120
MIAMI, FLORIDA 331268175 NW 12 ST SUITE 120
MIAMI, FLORIDA 33126

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:

USHUAIA LLC

Name

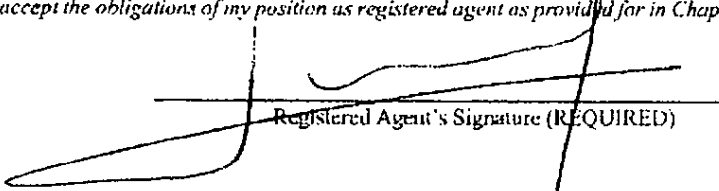
8175 NW 12 ST SUITE 120Florida street address (P.O. Box **NOT** acceptable)MIAMIFLORIDA33126

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)

 2021 MAR 13 AM 11:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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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

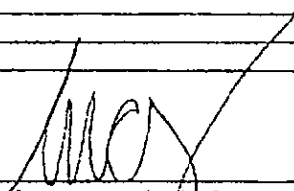
"MGR" = Manager

AMBR**Name and Address:**MARIELA SANDRA GARCIA8175 NW 12 ST SUITE 120MIAMI, FLORIDA 33126AMBRAURORA VALINOTE8175 NW 12 ST SUITE 120MIAMI, FLORIDA 33126AMBRCESAR VALINOTE8175 NW 12 ST SUITE 120MIAMI, FLORIDA 33126AMBRJULIO BALDERRAMA8175 NW 12 ST SUITE 120MIAMI, FLORIDA 33126

(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:**
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.MARIELA SANDRA GARCIA

Typed or printed name of signee

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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:

"AMBR" = Authorized Member

"MGR" = Manager

AMBRLEOPOLDO BALDERRAMA8175 NW 12 ST SUITE 120MIAMI, FLORIDA 33126AMBRPAULO BALDERRAMA8175 NW 12 ST SUITE 120MIAMI, FLORIDA 33126AMBRTELMA BALDERRAMA8175 NW 12 ST SUITE 120MIAMI, FLORIDA 33126SECRETARY OF STATE
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