## Elorida Department of S

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number : (305)444-4977

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

P 1 1	Address-			
-maii	ACCUPACE.			

## FLORIDA LIMITED LIABILITY CO. INVERSIONES FRIDDA LLC

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

Electronic Filing Menu

Corporate Filing Menu

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ARTICLE I - Name: The name of the Limited Lie	bility Company is:			
INVERSIONES				
(Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	ect address of the principal o	ffice of the Limited	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
2480 SE 7 PL		SAN	Æ	
HOMESTEAD,  ARTICLE III - Registered (The Limited Liability Com	Agent, Registered Office, pany cannot serve as its own	& Registered Agen Registered Agent		
ARTICLE III - Registered (The Limited Liability Companother business entity with	i Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent. Registered Agent. on.) Lagent are:	nt's Signature: You must designate an individual or	
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HOMESTEAD,  ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered MARIA AUXILIAD	& Registered Agent Registered Agent on.) I agent are: ORA HENRIQUE Name	nt's Signature: You must designate an individual or Z QUINTERO	
HOMESTEAD,  ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered MARIA AUXILIAD 2480 SE 7 PL	& Registered Agent Registered Agent on.) I agent are: ORA HENRIQUE Name	nt's Signature: You must designate an individual or Z QUINTERO	

ine place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the pravisions 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.

Maria Auxiliadora Herriquez Quintero Registered Agent's Signiture (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
MAIDIC - Mamorized Memori	
"MGR" = Manager	
AMBR	MARIA AUXILIADORA HENRIQUEZ QUINTERO
	2480 SE 7 PL HOMESTEAD, FL 33033
	110,110,10,10,10
MGR	MARIA ALEJANDRA CHAHIN HENRIQUEZ
WOR	2480 SE 7 P1.
	HOMESTEAD, FL 33033
	COMADD CHARINI HENDIGHE?
MGR	EDWARD CHAHIN HENRIQUEZ 2480 SE 7 PL
	HOMESTEAD, FL 33033
(Use anachment if necessary)	
	4 Commission 1 A L
CLEV: Effective date, if other than the da	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days a
enective date is listed, the date most be: to of filing.)	Specific and Cannot be more than five husiness cays prior to or 70 days
If the date inserted in this block does no	or meet the applicable statutory filing requirements, this date will not be list
cument's effective date on the Departme	nt of State's records.
CER VI: Other provisions, it day.	
ICLE VI: Other provisions, if any.	

Filing Fees:

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

MARIA AUXILIADORA HENRIQUEZ QUINTERO
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)