## Florida Department of State

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 : I20160000049

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 amail address please.\*\*

FLORIDA LIMITED LIABILITY CO. INTERCATA INVESTMENTS GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu

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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: INTERCATA INVESTMENTS GROU	JP LLC
Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
DIEGO FIGUEROA	
	Name of Person
E & F LATIN GROUP LLC	
	Firm/Company
1820 N CORPORATE LAKES BLVD S	SUITE 109
	Address
WESTON FL 33326	
	y/State and Zip Code
DIEGO@EFLATINACCOUNTING.CO	or fluture annual report notification)
For further information concerning this matter, please	cali:
DIEGO FIGUEROAat (954	384 8565
Name of Person Arc	a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee ■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Street Address New Filing Section Division The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:		
INTERCATA INV	ESTMENTS GROUP LLC		
(Must co	natin the words "Limited L	iability Comp	eany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	t address of the principal of	fice of the Lin	nited Liability Company is:
Princ	ipal Office Address:		Mailing Address:
19201 COLLINS	<b>AVE</b>		19201 COLLINS AVE
SUNNY ISLES B	went Registered Office d	Registered	Agent's Signature: ent. You must designate an individual or
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	igent, Registered Office, & ny cannot serve as its own in active Florida registration	k Registered Registered Ag	
SUNNY ISLES B	igent, Registered Office, & ny cannot serve as its own in active Florida registration	k Registered Registered Ag I.) agent are:	Agent's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, d ny cannot serve as its own in n active Florida registration et address of the registered	k Registered Registered Ag I.) agent are:	Agent's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, d ny cannot serve as its own in n active Florida registration et address of the registered	k Registered Registered Ag  ),)  agent are: P LLC  Name	Agent's Signature: ent. You must designate an individual or
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	ngent, Registered Office, & ny cannot serve as its own in active Florida registration et address of the registered  E & F LATIN GROU	k Registered Registered Ag )  agent are: P LLC Name	Agent's Signature: ent. You must designate an individual or VD SUITE 109
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & ny cannot serve as its own in active Florida registration et address of the registered  E & F LATIN GROU	k Registered Registered Ag )  agent are: P LLC Name	Agent's Signature: ent. You must designate an individual or VD SUFTE 109

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..

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Mou	ber
"MGR" = Manager	
MGR	RAMIRO F. ANDRIJASEVIC
WGK	19201 COLLINS AVE
	SUNNY ISLES BEACH, FL 33160
MGR	VIRGINIA A. JUANOLA
	19201 COLLINS AVE SUNNY ISLES BEACH, FL 33160
	SUNNY ISLES BEACH, IL 32104
(Use attachment if necessary	
LE V: Effective date, if other t	than the date of filing: 04/20/2021 (OPTIONAL)  must be specific and cannot be more than five business days prior to or 90 days is  k does not meet the applicable statutory filing requirements, this date will not be list  Department of State's records.
LE V: Effective date, if other to freetive date is listed, the date of filing.) If the date inserted in this block timent's effective date on the I	than the date of filing: 04/20/2021 (OPTIONAL)  must be specific and cannot be more than five business days prior to or 90 days is  k does not meet the applicable statutory filing requirements, this date will not be list  Department of State's records.
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)