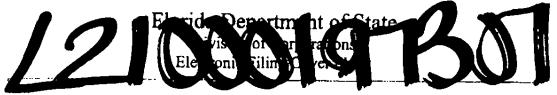
5/4/2021

Division of Corporations



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.

(((H210001802763)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 email address please.\*\*

က

## FLORIDA LIMITED LIABILITY CO. E & A SERVICES ADVISORY MANAGEMENT LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

	COV	ER LETTER		
TO: New Filing Section Division of Corporati	ons			
SUBJECT: E & A SERVICES	ADVISORY MAN	AGEMENT LLC		
		ted Liability Company		
The enclosed Articles of Organi	zation and fee(s) are:	submitted for filing.		
Please return all correspondence		<del>-</del>		
DIEGO FIGUEROA				
		Name of Person		
E & F LATIN GRO	UP LLC			
<u> </u>		Firm/Company		
1820 N CORPORAT	TE LAKES BLVD SI	UITE 109		
<del></del>		Address		
WESTON FL 33326				
DIEGO@EFI.ATINA		/State and Zip Code		
<del></del>		future annual report notifica	ation)	
For further information concerning	this matter, please ca	ıı:		
DIEGO FIGUEROA	aı ( <sup>954</sup>	384 8565		
Name of Pers		Code Daytime Telepho	no Number	
Enclosed is a check for the follow	ing amount:			
□\$125.00 Filing Fee ■\$130	0.00 Filing Fee & cate of Status	☐\$155.00 Filing Fee & Certified Copy dditional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Malling Addres New Filing Secti Division of Corp P.O. Box 6327 Tallahassec, FL	on ooratious	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assec eet, Suite 810	3 C C C C C C C C C C C C C C C C C C C

ARTICLES OF ORGANIZATION FOR FLO  ARTICLE I - Name: The name of the Limited Liability Company is:	RIDA LIMITED LIABILITY COMPANY
E & A SERVICES ADVISORY MANAGEMEN	er i i c
(Must constin the words "Limited Liab	
ARTICLE II - Address: The mailing address and street address of the principal office  Principal Office Address:	of the Limited Liability Company is:  Malling Address:
10254 REGENT PARK DR ORLANDO, FL 32825	10254 REGENT PARK DR ORLANDO, FL 32825
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registantien business entity with an active Florida registration.)	egistered Agent's Signature: stered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

E&FLATIN GROU	IP LLC	
	Name	
1820 N CORPORAT	E LAKES BLVD S	SUITE 109
Florida street address	(P.O. Box <u>NOT</u> a	cceptable)
WESTON	<u>FL</u>	33326
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 Agelt's Signature (REQUIRED

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	MIGUEL A. CANON
	10254 REGENT PARK DR ORLANDO, FL 32825
MGR	SANDRA P. MACHADO
	10254 REGENT PARK DR
	ORLANDO. FL 32825
	· · · · · · · · · · · · · · · · · · ·
V: Effective date, if other than the	ne date of filing: 05/04/2021 (OPTIONAL)  t be specific and cannot be more than five business days prior to or 5
ctive date is listed, the date must filing.)	the specific and cannot be more than five business days prior to or some meet the applicable statutory filing requirements, this date will n
V: Effective date, if other than the tive date is listed, the date must filling.) he date inserted in this block doesnn's effective date on the Departure of the provisions, if any.	the specific and cannot be more than five business days prior to or some meet the applicable statutory filing requirements, this date will n
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V: Effective date, if other than the date is listed, the date must filing.)  to date inserted in this block doesnt's effective date on the Depart VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of This document is a may aware that an	s not meet the applicable statutory filing requirements, this date will nument of State's records.  If a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.