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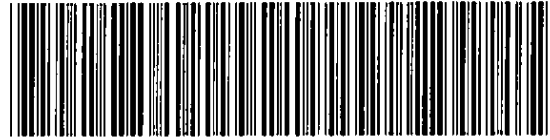
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DATE: 5/10/21

NAME: SAINTE AGUSTINE IMPORTS LLC

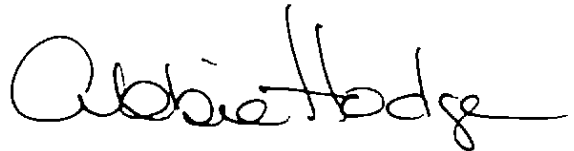
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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Sainte Augustine Imports LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rafael Lozano
Name of Person
Sainte Augustine Imports LLC
Firm/Company
1415 NW 15th Ave, Apt 802
Address
Miami, Florida 33125
City/State and Zip Code
rlozano737@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anibal Manzano 561 440-8242
at (_____) _____
Name of Person Area 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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
SAINTE AGUSTINE IMPORTS LLC

ARTICLE I - NAME

The name of the limited liability company is SAINTE AGUSTINE IMPORTS LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is 1415 NW 15th Ave, Apt 802, Miami, Florida 33125.

ARTICLE III - REGISTERED AGENT AND OFFICE

The street address of the Company's initial registered office is 1200 South Pine Island Road, Broward County, Plantation, Florida 33324, and the name of its initial registered agent at such office is NRAI Services, Inc.

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.

NRAI SERVICES, INC.

By: Nichol McCroy
Name: Nichol McCroy
Title: Assistant Secretary

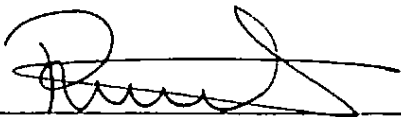
ARTICLE IV - AUTHORIZED PARTIES

The names and addresses of each person authorized to manage and control the Company are set forth below.

<u>Title</u>	<u>Name & Address</u>
Manager, President,	Rafael Lozano
<u>Treasurer, Secretary</u>	1415 NW 15th Ave, Apt 802, Miami, Florida 33125

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Executed on May 10, 2021.



Rafael Lozano
Authorized Representative

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