Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H21000188593 3)))



Fax Number : (305)557-1934 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	2021 HAY
Fax Number : (305)557-1934	
Account Number: 120150000096 Phone: (305)558-5300	÷ 6
From: Account Name : KRAVITZ TALAMO & LEYTON, PLLC	AH 8: 46
Division of Corporations Fax Number : (850)617-6381	
To:	2021 KAY 111

Certificate of Status 0 Certified Copy Page Count 02

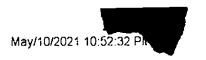
\$125.00

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

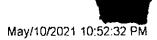
Help ELENCH MAY 1 1 2021



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Las Hermanas Insu				
(Must con	ntain the words "Limited Lis	ability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal offi	ice of the Limited I	isbility Company is:	
Princt	pal Office Address:		Mailing Address:	
8311 NW 167th Ter	TTACE	8311	NW 167th Terrace	
Miami Lakes, Flori	da 33016		i Lakes, Plorida 33016	
		· ·		
ARTICLE III - Registered A	gent, Registered Office, &	Registered Agent	's Signature:	
(The Limited Liability Compan	ly cannot serve as its own R	egistered Agent. Y		l or
another business entity with an	active Florida registration.)		202 31.
The name and the Florida stree	t address of the registered a	gent are:		LA.
	* 25	•		
	Javier Talamo	Name		SS:
	_			[T]
	7600 West 20 Avenue -	- Suite 213		
	7600 West 20 Avenue - Florida street address (- Suite 213	eeptable)	
	Florida street address (- Suite 213 P.O. Box <u>NOT</u> acc	ecptable)	AH 8: 46
		- Suite 213 P.O. Box <u>NOT</u> acc	Zip	AH 8: 16 ETCLORIDA

(CONTINUED)



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Majte Perez
	8311 NW 167th Terrace Miami Lakes. Florida 33016
	MIAIDI LARCE F107108 35010
	
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	ASS.
	
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	- Control of the Cont
(Use attachment if necessary)	About of City of Manager (Control of Control
EV: Effective date, if other than feetive date is listed, the date mu of filing.)	the date of filing: 05/11/2021
LE V: Effective date, if other than fective date is listed, the date non of filing.) If the date inserted in this block doment's effective date on the Department's offective date on the Department's offective date on the Department's effective date.	st be specific and cannot be more than five business days prior to or 90 ses not meet the applicable statutory filing requirements, this date will no

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)