

L21000208204

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.

(((H21000190963 3)))



H210001909633ABC+

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

2021 MAY 12 PM 8:04
RECEIVED
TALLAHASSEE, FLORIDA

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
PROSINGULAR, LLC.**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I: NAME**

The name of the Limited Liability Company is:

PROSINGULAR, LLC.

ARTICLE II: ADDRESS

The street address of the principal office of the Limited Liability Company is:

16385 Biscayne Blvd #1206
North Miami Beach, FL 33160

The mailing address of the Limited Liability Company is:

16385 Biscayne Blvd #1206
North Miami Beach, FL 33160

ARTICLE III: PURPOSE

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE VI: REGISTERED OFFICE AND AGENT

The name and the Florida street address of the Registered Office and Agent are:

LUIS SANTACOLOMA
16385 Biscayne Blvd #1206
North Miami Beach, FL 33160

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.



LUIS SANTACOLOMA
Registered Agent's Signature

FILED
2021 MAY 12 PM 8:04
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE IV: MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: MGRM

JUAN ALEJANDRO CASTILLO
16385 Biscayne Blvd #1206
North Miami Beach, FL 33160

Title: MGRM

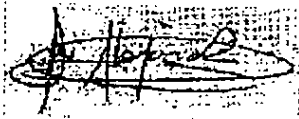
ANA MARIA GALARZA
16385 Biscayne Blvd #1206
North Miami Beach, FL 33160

FILED
2021 MAY 12 PM 8:04
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE V: EFFECTIVE DATE

The effective date for this Limited Liability Company shall be:
MAY 10, 2021

REQUIRED SIGNATURE:



Signature of a Member or an Authorized representative of a Member
JUAN ALEJANDRO CASTILLO, MGRM

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.