

L 210000210076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

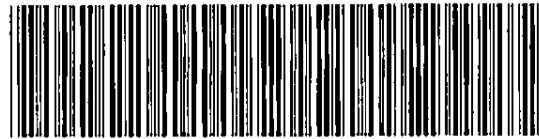
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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05/14/21--01001--002 **125.00

05/14/21--01001--002 **70.00

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~~DEPOSIT ONLY 125.00~~

~~05/14/21--01001--002~~

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ZUTO INVESTMENTS 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:

ALEJANDRO TORO

Name of Person

ZUTO INVESTMENTS LLC

Firm/Company

177 OCLAN LANE DR. APT 308

Address

MIAMI BEACH, FL 33149

City/State and Zip Code

INFO@CBSOLUTIONSINC.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO TORO

305

794-7186

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$150.00 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 Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLE IV

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

Title:

Name and Address:

MANAGING MEMBER

MANAGING MEMBER

MANAGING MEMBER

MANAGING MEMBER

ALEJANDRO TORO
177 OCEAN LANE DR. APT 308
KEY BISCAYNE, FL 33149

JUAN D ZULUAGA
383 NE 97th ST
MIAMI, FL 33138

(Signature required if necessary.)

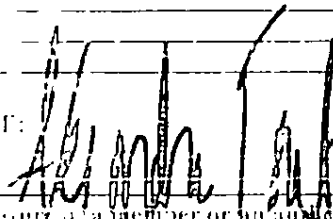
ARTICLE V Effective date of formation: the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the effective date in this document does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI Authorized representatives:

AUTHORIZED SIGNATURE:



I, _____, declare that I am a member or an authorized representative of a member.
I declare under penalty of perjury that the foregoing is true and correct. I am aware that any false information submitted in a document to the Department of State is a crime under the laws of the State of Florida, as provided for in s.817.155, F.S.

ALEJANDRO TORO

(Typed or printed name of signer)

Signature:

- § 817.155, F.S. for section 817.155, F.S. Organization and Designation of Registered Agent
- § 817.156, F.S. Certified Copy (Optional)
- § 817.157, F.S. Certificate of State (Optional)

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