L21000210076

(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

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

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2021 MAY 13 PM 3:48
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TALLAHASSEE, FLORIDA

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2021 MAY 13 PM 2:41
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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 OCEAN LANE DR. APT 308
Address

KEY BISCAYNE, FL 33149
City/State and Zip Code

INFO@ZUTOSOLUTIONSINC.NET
E-mail address: (to be used for future annual report notification)

2021 MAY 13 PM 3:49

For further information concerning this matter, please call:

ALEJANDRO TORO at (305) 794-7186
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLE IV

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

Title:	Name and Address:
AMBR Authorized Member MGR Manager	
	ALEJANDRO TORO 177 OCEAN LANE DR. APT 308 KEY BISCAYNE, FL 33149
	JUAN D ZULUAGA 383 NE 97th ST MIAMI, FL 33138

(Attach additional sheets, if necessary.)

ARTICLE V (Effective date, if other than 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 date inserted in this block 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 (Any other provisions, if any)

_____

_____

_____

SIGNATURE:

_____

Signature of a member or an authorized representative of a member.

Submission is presented in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

ALEJANDRO TORO

Typed or printed name of signee

Filing Fees:

S. 5.0 Filing Fee for Articles of Organization and Designation of Registered Agent

S. 0.0 Certified Copy (Optional)

S. 5.0 Certificate of Status (Optional)

2021 MAY 13 PM 3:48