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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ (3.C/c,/3)D ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/20/2021			
Name:	Chris Vick	_		
Reference	e #:1376248	_		
Entity Na	me:KUIBA V	ENTURES, LLC		
☑ An	ticles of Incorporation/Authorization	to Transact Business		
An	nendment			
☐ Change of Agent				
Reinstatement				
Co	Conversion			
	☐ Merger			
☐ Dissolution/Withdrawal				
Fictitious Name				
☐ Ot	her			
Authorize Signature	ed Amount: \$125.00			

F: 800.944.6607



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Account#: I20000000088

Date:	05/20/2021			
Name:		<u></u>		
	#:1376248			
Entity Nam	e:KUIBA	VENTURES, LLC		
	les of Incorporation/Authorizat			
Ame	endment			
Change of Agent				
Reinstatement				
☐ Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
Fictitious Name				
Othe	er			
Authorized	Amount: \$125.00			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	itu Cumpanula:			
The name of the Limited Liabil	ny Company is:			
	•			
Kuiba Ventures, LL	tain the words "Limited	Lightlity Compa	iny, "L.L.C.," or "LLC.")	-
(Must con	tain the words. Chilited	maomity Compa	my, E.L.C., or LEC.)	
ARTICLE II - Address: The mailing address and street a	address of the principal c	office of the Lim	ited Liability Company is:	
Princip	oal Office Address:		Mailing Address:	
l Alhambra Plaza		1	Alhambra Plaza	_
Suite 1410			Suite 1410	_
Coral Gables, FL 33	134	<u>(</u>	Coral Gables, FL 33134	_
another business entity with an The name and the Florida street	_	l agent are: Services, Inc.		
		Name		
	1 Alhambra Plaza Su			
	Florida street addres	ss (P.O. Box <u>NO</u>	T acceptable)	
	Coral Gables	FL	33134	
	City	State	Zip	
place designated in this certificate Earther agree to comply with the p	e. I hereby accept the app rovisions of all statutes r bligations of my position	ointment as regi elating to the pro as registered ag	r the above stated limited liability company of stered agent and agree to act in this capacity oper and complete performance of my duties ent as provided for m Chapter 605, F.S	v. I
		(CONTINUE	(D)	

ARTICLE IV-

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

<u>Tiple:</u>	Name and Address:
"AMBR" = Authorized Memb	er
"MGR" = Manager	
<u>MGR</u>	Maria Angelica Davila
	1 Alhambra Plaza Suite 1410 Coral Gables, FL 33134
	Corai Gabies, PD 33134
MGR	Francis Lopez de Lemos 1 Alhambra Plaza Suite 1410
	Coral Gables. FI, 33134
	_ , .
(Use attachment if necessary)	
•	
ARTICLE V: Effective date, if other tha	nn the date of filing:
(If an effective date is listed, the date n	nust be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the De	epartment of State's records.
ARTICLE VI: Other provisions, if any.	
•	
REOUIRED SIGNATURE:	6. A 11 M
Signatu	re of a member of an authorized representative of a member.
	it is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware tha	at any false information submitted in a document to the Department of State
constitutes a th	hird degree felony as provided for in s.817.155, F.S.
	L.A. Tan
Carlos	I. Aguilar Typed or printed name of signee
	1 speci of printed name of signee

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)