6/3/7.021

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

: (305)444-4977 Fax Number

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

F ' '	Address:	
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FLORIDA LIMITED LIABILITY CO. APOYO HISPANO LLC

Certificate of Status	0		
Certified Copy	L		
Page Count	03		
Estimated Charge	\$155.00		

Electronic Filing Menu

Corporate Filing Menu

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1/1

To: 18506176381

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APOYO HISPANO LLC	
(Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
947-A SW 87 AVE	
MIAMI, FL 33174	SAME
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own i	k Registered Agent's Signature: Registered Agent, You must designate an individual o
mother business entity with an active Florida registration	

MIAMI FL 33174

City State Zip

Igent and to accept service of process for the above stated limited liability comp

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..

Name

Florida street address (P.O. Box NOT acceptable)

947-A SW 87 AVE

/s/ Danislla Amador
Registered Agent's Signature (REQUIRED)

(CONTINUED)

From: Yanet Avil-

To: 18506176381

ARTICLE IV-	 named that instead Linki	ility Cogynany	

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	•		
MGR	DANIELLA AMADOR 947-A SW 87 AVE		
	MIAMI, FL 33174		
	\$1.00 mm 1.10		
(Use attachment if necessary)			
RTICLE V: Effective date, if other than the date of	of filing: (OP FIONAL)		
	cific and cannot be more than five business days prior to or 90 days after		
e date of filing.)	eet the applicable statutory filing requirements, this date will not be listed as		
inte: At the date inserted in this block does not in the document's effective date on the Department of	Ferrals records		
de document's effective date on the Department of	1 Marc 1 records.		
RTICLE VI: Other provisions, if any.			
REOURED SIGNATURE:			
let D	Paniella Amador		
, -, -	mber or an authorized representative of a member.		
Simulate of a must	MPCI Of an authority of the contract of the co		
Signature of a mer	ed in accordance with section 605,0203 (1) (b), Florida Statutes.		
Signature of a mer This document is execute Lam aware that any false	ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State		
Signature of a mer This document is execute Lam aware that any false	ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.		
Signature of a mer This document is execute I am aware that any false constitutes a third degree	information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.		
Signature of a mer This document is execute I am aware that any false constitutes a third degree	information submitted in a document to the Department of State		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)