

# L21000270173

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : TAX COUNSEL, PLLC  
Account Number : I20210000011  
Phone : (305)907-5540  
Fax Number : (305)907-5437

**\*\*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.  
INVERSIONES SAN ROD, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: INVERSIONES SAN ROD, 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:

ANDREA AGUILAR

Name of Person

TAX COUNSEL, PLLC

Firm/Company

999 PONCE DE LEON BLVD., STE. 830

Address

CORAL GABLES, FL 33134

City/State and Zip Code

andrea@taxcounselus.com

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

For further information concerning this matter, please call:

ANDREA AGUILAR 305 907-5540

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

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**ARTICLES OF ORGANIZATION  
OF  
INVERSIONES SAN ROD, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is INVERSIONES SAN ROD, LLC, ("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:

Cra 4 #9-111, Apto 12, Edificio Las Terrazas  
Cartagena, Bolivar 130001, Colombia

Mailing Address:

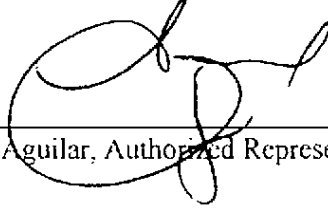
999 Ponce de Leon Blvd., Ste. 830  
Coral Gables, FL 33134

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Tax Counsel, PLLC  
999 Ponce de Leon Blvd., Ste. 830  
Coral Gables, FL 33134

*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.*

  
Andrea Aguilar, Authorized Representative

**ARTICLE IV - MANAGERS OR MEMBERS**

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

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Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

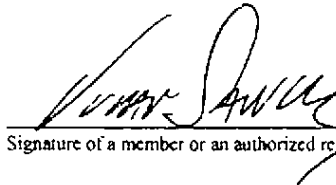
MGR

Carlos Julian Sanchez Rodriguez  
Cra 4 #9-111, Apto 12, Edificio Las Terrazas  
Cartagena, Bolivar 130001, Colombia

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be June 09, 2021.

**REQUIRED SIGNATURE:**



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

This document is executed 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.

Carlos Julian Sanchez Rodriguez

Typed or printed name of signer

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