

6/9/2021

Division of Corporations

# L21000228482

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
FINISTERRA GROUP LLC**

Certificate of Status	0
Certified Copy	1
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June 10, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT CORP

SUBJECT: PINISTERRA GROUP LLC  
REF: W21000084640

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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Steve J Kurisko  
Regulatory Specialist II  
New Filings

FAX Aud. #: H21000228485  
Letter Number: 621A00012859

P.O BOX 6327 - Tallahassee, Florida 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FINISTERRA GROUP LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

Principal Office Address:Mailing Address:9621 SW 49th STREET  
MIAMI, FL 331659621 SW 49th STREET  
MIAMI, FL 33165**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Doris E Cardelle

Name

10264 SW 127TH COURTFlorida street address (P.O. Box NOT acceptable)MIAMI, FL 33186

City

State

Zip

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..

DORIS E. CARDELLE

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR \_\_\_\_\_

FELIPE VAN COTTHEM

CRA 6 #116-49 APT 501

BOGOTA, COLOMBIA

AMBR \_\_\_\_\_

MARIA DEL ROSARIO VIVAS

CRA 6 #116-48 APT 501

BOGOTA, COLOMBIA

(Use attachment 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:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*[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.

FELIPE VAN COTTHEM

Typed or printed name of signer

**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)

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