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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : 120160000049 : (954)384-8565 Phone : (954)385-5175 Fax Number

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

FLORIDA LIMITED LIABILITY CO. SERNA MESA INVESTMENTS LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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Corporate Filing Menu

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT. SERNA MESA INVESTMEN	T\$ LLC
SUBJECT: SERNA MESA IN VISTIMEN	of Limited Liability Company
The enclosed Articles of Organization and fe	e(a) are aubmitted for filing.
Please return all correspondence concerning	this matter to the following:
DIEGO FIGUEROA	
	Name of Porson
E & F LATIN GROUP LLC	
	Firm/Company
1820 N CORPORATE LAKES	BLVD SUITE 109
	Address
WESTON FL 33326	
	City/State and Zip Code
DIEGO@EFLATINACCOUNTE	
E-mail address: (to b	o used for future annual report notification)
For further information concerning this matter	, please call:
DIEGO FIGUEROA	at (954) 384 8565
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount	:
□\$125.00 Filing Fee □\$130,00 Filing Certificate of State	Fee &
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahannee, FL 32314	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Commensy "L.J.C. Of "LLL.)
Company, "L.L.C.," or "LLC.")
ne Limited Liability Company is:
Mailing Address:
1820 N CORPORATE LAKES BLVD
SUITE 103
WESTON FL 33331

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..

FL.

Name

1820 N CORPORATE LAKES BLVD SUITE 109

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

WESTON

Registered Agent's Fignature (REQUIRED)

33326

Zip

(CONTINUED)

2021 JUN 15 AM 10: 40

Title:	Name and Address:	
"AMBR" - Authorized Member		
"MGR" = Manager		
MGR	JUAN CARLOS DOMINGUEZ	
	1820 N CORPORATE LAKES BLVD SUITE 103 WESTON, FL 33326	
	WESTON, PE 55520	
(Use attachment if necessary)		
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