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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
OSPINA IDARRAGA LLC

Certificate of Status	0
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2021 AUG -4 PM 1: 47

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OSPINA IDARRAGA 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:

8300 NW 53RD ST
SUITE 102
DORAL, FL 33166

SAME

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:

BIZCAMP, LLC
Name

8300 NW 53RD ST SUITE 102
Florida street address (P.O. Box NOT acceptable)

DORAL, FL 33166
City State Zip

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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.

/s/ Yesit J. Campo
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV:

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u> _____	<u>DANIELA OSPINA IDARRAGA</u> <u>8300 NW 53RD ST SUITE 102</u> <u>DORAL, FL 33166</u>
<u>MGR</u> _____	<u>MARIA JULEANA OSPINA IDARRAGA</u> <u>8300 NW 53RD ST SUITE 102</u> <u>DORAL, FL 33166</u>
<u>AP</u> _____	<u>YESIT J. CAMPO</u> <u>8300 NW 53RD ST SUITE 102</u> <u>DORAL, FL 33166</u>
_____	_____
_____	_____

(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:

Yesit J. Campo

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

YESIT J. CAMPO

Typed or 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)