

8/7/2021

Division of Corporations

# L21000357851

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : 360 CORPORATE SOLUTIONS, -LLC  
Account Number : I202100000090  
Phone : (305)529-5448 786-269-0183  
Fax Number : (305)529-5441 786-513-3264

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

Email Address: pilar@rhtaxlaw.com

## FLORIDA LIMITED LIABILITY CO.

Northern Investment, LLC

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

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TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION  
OF  
NORTHERN INVESTMENT, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **NORTHERN INVESTMENT, LLC**

**ARTICLE II: - Address**

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

360 Corporate Solutions, LLC  
2600 S. Douglas Rd., Suite 800  
Coral Gables, FL 33134

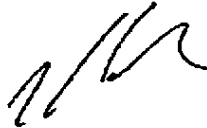
**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

360 Corporate Solutions, LLC  
2600 S. Douglas Rd., Suite 800  
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.*

360 Corporate Solutions, LLC, as Registered Agent



\_\_\_\_\_  
Name: Mauricio D. Rivero  
Title: Managing Member

**ARTICLE IV: - Management**


The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Rita del Rocio Miranda 2600 S. Douglas Rd., Suite 800 Coral Gables, FL 33134
MGR	Sergio Oscar Miranda 2600 S. Douglas Rd., Suite 800 Coral Gables, FL 33134

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**ARTICLE V: Effective Date**

Effective Date, if other than the date of filing: \_\_\_\_\_

**(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 need 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:**  
\_\_\_\_\_  
\_\_\_\_\_**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on August 9, 2021.\_\_\_\_\_  
Name

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

\_\_\_\_\_  
RITA del ROCIO MIRANDA

Typed or printed name of signee