

8/16/2021

Division of Corporations

**L21000367204**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000307922 3)))



H210003079223ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : 120000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

\*\*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.  
IKTEN LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION**

**OF**

**IKTEN LLC**

**ARTICLE I**

The name of the limited liability company is **IKTEN LLC**

**ARTICLE II**

The address of the principal office and the mailing address of the limited liability company is:

c/o 255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is any and all lawful business.

**ARTICLE IV**

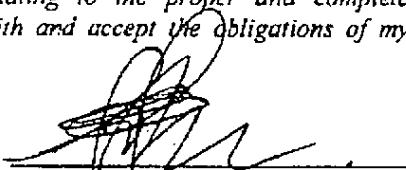
The name and the Florida street address of the registered agent of the limited liability company is:

Aragon Registered Agents, Inc.  
255 Alhambra Circle  
Suite 500B  
Coral Gables, FL 33134

*Having been named as the 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.*

Date:

8/16/2021

  
Registered Agent's Signature

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG 16 PM 12:00

FILED

**ARTICLE V**

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

**Title:**

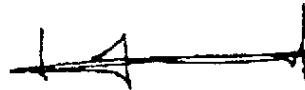
**Name and Address:**

Manager

**Nicolas Alberto Saad Rienda**  
c/o 255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

*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.*

Authorized Signee:

A handwritten signature in black ink, appearing to read 'Nicolas Alberto Saad Rienda', is written over a horizontal line.

**Nicolas Alberto Saad Rienda**