

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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	To: Division of Corporations Fax Number : (850)617-6381		
6 PH 3: 39	From: Account Name : CANALES & ASSOCIATES , Account Number : I20210000091 Phone : (305)821-1076 Fax Number : (305)821-1079 **Enter the email address for this business enti annual report mailings. Enter only one email Email Address: <u>(ANALESASSOL'LATE (</u>	ity to be used for future	
2021 5 2	FLORIDA LIMITED LIABILITY CO.		
28	Certificate of Status Certified Copy Page Count Estimated Charge	0 0 01 \$125.00	

09/16/2021 02:25PM 3058211079 CANALES&ASSOCIATES RECEIVED 09/14/2021 09:22AM 3058211079 CANALES&ASSOCIATES 850-617-6381 9/14/2021 10:32:44 AM PAGE 1/001 Fax Server



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September 14, 2021

CANALES & ASSOCIATES

FLORIDA DEPARTMENT OF STATE Division of Corporations

,

SUBJECT: CONU INVESTMENT LLC REF: W21000124113

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.

Only(1) person can serv as the Registered Agent and that person must sign

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III FAX Aud. #: H21000337163 Letter Number: 021A00022102



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ARTICLES OF ORGANIZATION FOR FLORIDA

LIMITED LIABILITY COMPANY

ARTICLE I:

The name of the Limited Liability Company is:

CONU INVESTMENT LLC

ARTICLE II:

The mailing address and street address of the principal office of the

Limited Liability Company is:

Principal Office Address:

14505 MAHOGANY Ct

Miami Lakes, FL. 33014

Mailing Address:

14505 Mahogany Ct

Miami Lakes, FL. 33014

ARTICLE III:

Registered Agent

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

Felix Pavel Concha

14505 Mahogany Ct

Miami Lakes, Fl. 33014

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 actin 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.

Registered Agent's Signature

Article IV:

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

Title:

MGRM

MGRM

Name & Address:

Felix Pavel Concha

14505 Mahogany Ct

Miami Lakes, Fl. 33014

Maria Alexandra Nunes Quijano

14505 Mahogany Ct

Miami Lakes, FL 33014

50%

Percentage:

· · · · ·

50%

In witness whereof, the undersigned subscriber does make, acknowledge, and file this certificate for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

DATE: 9-9-21

STATE OF FLORIDA COUNTY OF MIAMI-DADE