L21000413111

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bootine Notifice)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Special institutions to timing direct.

Office Use Only



900371801159

09/20/21--01001--017 **130.00





CAPITAL CONNECTION, INC.,

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NAROJO LLC				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
			√	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u> </u>	Photo Copy
				Certificate of Good Standing
			✓	Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by:BA	9/17/21			UCC 1 or 3 File
Name		Time		UCC 11 Search
				UCC Retrieval
Walk-In	Will Pick Ur	1	1	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

pany is:					
INAROJO LLO	·				
		L.L.C.," or "LLC.")			
of the principal off	ice of the Limited L	iability Company is:			
Principal Office Address:			Mailing Address:		
1 <u>04 C</u> RANDON BLVD, STE 415			104 CRANDON BLVD. STE 415		
		KEY BISCAYNE, FL 33149			
CRANDON BLVI	Name D, STE 415	entable)			
		сравіс)			
y accept the appoi s of all statutes relo is of my position as	ntment as registered iting to the proper ai registered agent as —DocuSigned by:	bove stated limited lial agent and agree to ac ad complete performan provided for in Chapte	t in this capacity. I uce of my duties, and I		
	gistered Office, & serve as its own Florida registered of the registered of the registered at LORES URDAPIL CRANDON BLVI ida street address of BISCAYNE City and to accept services of all statutes relates of my position as	INAROJO LLC words "Limited Liability Company, "I of the principal office of the Limited L ce Address: E 415 gistered Office, & Registered Agent serve as its own Registered Agent. Yo lorida registration.) of the registered agent are: LORES URDAPILLETA Name CRANDON BLVD, STE 415 ida street address (P.O. Box NOT accompany) City State and to accept service of process for the analyst accept the appointment as registered as of all statutes relating to the proper and as of my position as registered agent as a positioned by:	INAROJO LLC words "Limited Liability Company, "L.L.C.," or "LLC.") of the principal office of the Limited Liability Company is: ce Address: Mailing Add E 415 9 104 CRANDON BLVD, ST KEY BISCAYNE, FL 3314 gistered Office, & Registered Agent's Signature: 1 serve as its own Registered Agent. You must designate an information registered agent are: 1 core of the registered agent are: 2 core of the registered agent are: 2 core of the registered agent and agree to account to accept service of process for the above stated limited liability accept the appointment as registered agent and agree to account of the service of the proper and complete performances of my position as registered agent as provided for in Chapter in the service of the proper and complete performances of my position as registered agent as provided for in Chapter in the service of my position as registered agent as provided for in Chapter in the service of my position as registered agent as provided for in Chapter in the service of my position as registered agent as provided for in Chapter in the service of my position as registered agent as provided for in Chapter in the service of my position as registered agent as provided for in Chapter in the service of my position as registered agent as provided for in the proper and complete performances are for my position as registered agent as provided for in Chapter in the control of the proper and complete performances are for my position as registered agent as provided for in the proper and complete performances are for my position as registered agent as provided for in the proper and complete performances are for my position as registered agent as provided for in the proper and complete performances are for my position as registered agent as provided for in the proper and complete performances are for my position as registered agent as provided for in th		



ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	DOLORES URDAPILLETA 104 CRANDON BLVD, STE 415
	KEY BISCAYNE, FL 33149
	
•	
(Use attachment if necessary)	
(000,,	
ARTICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
If an effective date is listed, the date mu	st be specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	
	bes not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Depa	artment of State's records.
ARTICLE VI: Other provisions, it any.	
REQUIRED SIGNATURE:	— DocuSigned by:
	Dolores Urdapilleta
Cianatura	of a member ensemble rized representative of a member.
This document i	is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	any false information submitted in a document to the Department of State
	d degree felony as provided for in s.817.155, F.S.
501000	20 110 75 1011 1 1277
DOLORI	ES URDAPILLETA Typed or printed name of signee
	ryped or printed name or signee

as