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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : S&S ACCOUNTING SERVICES, INC.

Account Number : I20190000091 : (786)212-0491 Phone

Fax Number

: (305)454-6657

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

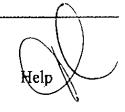
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FLORIDA LIMITED LIABILITY CO. MIUBER INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MIUBER INVESTM	MENTS LLC				
(Must cont	tain the words "Limited]	Liability Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	iddress of the principal o	ffice of the Limited	Liability Company is:		
Princip	pal Office Address:		Mailing Address:		
10200 NW 25 ST U	NIT 211	1020	0 NW 25 ST UNIT 211		
DORAL, FL 33172			A. T. T. 00170		
DURAL, FL 331/2		<u>DOR</u>	AL, FL 33172		
DURAL, FL 331/2			AL, FL 331/2		
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office, y cannot serve as its own active Florida registration	& Registered Agent. Yon.)		2021 SEP 27	. <u>-</u> . i
ARTICLE III - Registered Ag (The Limited Liability Compan	gent, Registered Office, y cannot serve as its own active Florida registration address of the registered	& Registered Agent. Yon.) d agent are:	t's Signature:	27	i
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office, y cannot serve as its own active Florida registration	& Registered Agent Registered Agent. Yon.) d agent are:	t's Signature:	2021 SEP 27 AM	
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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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager AMBR MIUBER CASTILLO DE LA O 10200 NW 25 ST UNIT 211 DORAL. PL 33172 (Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to on 30 dayse the of filing. If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be knownent's effective date on the Department of State's records. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an enthorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stanutes. 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. MUBER CASTILLO DE LA O Typed or printed name of signee Filing Fees:	Title:	Name and Address:	
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