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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

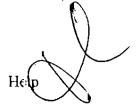
Email Address:_

FLORIDA LIMITED LIABILITY CO. GIRALDO BOTINA, LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		FOR FLORIDA LIMITED LIABIL	ITY COM	PANY	
ARTICLE I - Nam The name of the Lin	e: nited Liability Con	mpany is:			
		pany, "Limited Company" or their abbreviation "LLC,"	or "L.C.,")		
ARTICLE II - Add	ress:				
The maning address	and street address	s of the principal office of the Limited Lia	bility Comp	any is:	
Principal Office Ad		Mailing Address:			
3880 Bird Road, Apt 113 Coral Gables, FL 33146		3880 Bird Road, Apt 113 Coral Gables, FL 33146			
ARTICLE III - Reg (The Limited Liability Com- business entity with an acti	istered Agent, Repany cannot serve as its ve Florlda registration.)	egistered Office, & Registered Agent's own Registered Agent. You must designate an individ	Signature:	2021 OCT 14	t of St is on so set t is set
		s of the registered agent are:	AUUE	Hq 4	i û f
Le	opez & Partners, L	LC c/o Valentin Lopez	<u>:</u> .	==	Cerns.
		Name	Ļ	0	
26	600 Douglas Roa				
	Florida	street address (P.O. Box NOT acceptable)			
, <u>C</u> c	oral Gables	<u>FL</u> 33134			
	Cir	ty, State, and Zip			
Having been named a	as registered agen	t and to accept service of process for the al	bove stated li	mited	

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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

3052201440

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	
	Victor Giraldo
	3880 Bird Road, Apt 113
	Coral Gables, FL 33146
Member	Tetlane Loeiza Botina
	3880 Bird Road, Apt 113
	Coral Gables, FL 33146
(Use attachment if necessary)	
· _ ·	
LE V: Effective date, if other than	the date of filing: October 11, 2021 (OPTIONAL
curve usite is listed, the date mus	the date of filing: October 11, 2021 (OPTIONAL t be specific and cannot be more than five business days
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	t be specific and cannot be more than five business days
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days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business days
days after the date of filing.) REQUIRED SIGNATURE: Signature of a men	aber or an authorized representative of a member.
days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document con	aber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution assisting an affirmation under the people is a formation under the people is a formatio
days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document con	t be specific and cannot be more than five business days

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5:00 Certificate of Status (Optional)