

L21000468361

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : NEW LIFE COMPANY, INC.  
Account Number : I20150000122  
Phone : (786)218-4201  
Fax Number : (786)452-0986

\*\*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  
DIVISION OF  
CORPORATIONSFLORIDA LIMITED LIABILITY CO.  
AN ARANDA LLC

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October 28, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NEW LIFE COMPANY, INC.

SUBJECT: AN ARANDA LLC  
REF: W21000142159

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.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H21000401698  
Letter Number: 421A00026348

2021 OCT 29 AM 9:47

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

**AN ARANDA LLC**

ARTICLE II

The street address of the principal office of the limited liability company is:

4698 E 10 ST  
HIALEAH, FL 33013

The mailing address of the limited liability company is:

4698 E 10 ST  
HIALEAH, FL 33013

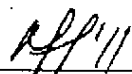
ARTICLE III

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

MAYKEL, ARANDA  
(Name) (Last name)  
4698 E 10 ST  
HIALEAH, FL 33013

Having been named as registered agent and to accept service of process for the above state 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.

REGISTERED AGENT SIGNATURE

  
\_\_\_\_\_  
MAYKEL, ARANDA  
(Name) (Last Name)

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TALLAHASSEE, FL

ARTICLE IV

The name and address of person(s) authorized to manage LLC:

TITLE: MGR  
MAYKEL, ARANDA  
(Name) (Last Name)  
4698 E 10 ST  
HIALEAH, FL 33013

ARTICLE V

The effective date for this Limited Liability Company shall be:

10/28/2021

*Signature of member or an authorized representative*

  
\_\_\_\_\_  
MAYKEL, ARANDA  
(Name) (Last Name)

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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2021 OCT 29 AM 9:47  
STATE OF FLORIDA  
TALLAHASSEE, FL