## L21000 483804

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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| (Document Number)                       |
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| Cartificat Carrier                      |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TAIL CONTRACTOR

2021 NOV 13 DW 0



## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/12/21

NAME: PEDRALBES LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Q Hodge

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

|  |   | PEDRALBES LLO   | С                                       |
|--|---|---|---|
| (Must  | contain the words 'Limited  |   |   |
| RTICLE II - Address:   |   |   | ŕ                                       |
|  | et address of the principal o   | office of the Limit   | ed Liability Company is:                |
| <u>Prin</u>  | cipal Office Address:   |   | Mailing Address:                        |
| 17050 N Bay  | Rd, Apt. 702  | A   | v. Santa María 5634 Edificio Otofial 41 |
|  | Beach, FL 33160   |   | itacura, Santiago, Chile                |
| ne Limited Liability Comp<br>other business entity with                                  | an active Florida registration  | Registered Agent<br>m.)   | t. You must designate an individual or  |
| ne Limited Liability Comp<br>other business entity with                                  | any cannot serve as its own<br>an active Florida registration<br>cet address of the registered  | Registered Agent<br>on.)<br>I agent are:  | t. You must designate an individual or  |
| ne Limited Liability Comp<br>other business entity with                                  | any cannot serve as its own an active Florida registratio cet address of the registered Aran C  | Registered Agent<br>on.)<br>I agent are:<br>Correa & Guarch, I  | t. You must designate an individual or  |
| ne Limited Liability Comp<br>other business entity with                                  | any cannot serve as its own an active Florida registratio cet address of the registered Aran C  | Registered Agent<br>on.) I agent are: Correa & Guarch, I<br>Name Salzedo St, Suite                          | P.A.                                    |
| ne Limited Liability Comp<br>other business entity with                                  | any cannot serve as its own an active Florida registration cet address of the registered Aran C   | Registered Agent<br>on.) I agent are: Correa & Guarch, I<br>Name Salzedo St, Suite                          | P.A.                                    |
| ne Limited Liability Complother business entity with the name and the Florida structure. | any cannot serve as its own an active Florida registration cet address of the registered Aran C  2100  Florida street address  Coral Gables  City | Registered Agent<br>on.) I agent are: Correa & Guarch, I<br>Name Salzedo St, Suite s (P.O. Box NOT FL State | P.A.  303 acceptable)                   |

(CONTINUED)

S. I. S. I.

| <u>Citle:</u>   | Name and Address:   |
|---|---|
| AMBR" = Authorized Member   |   |
| MGR" = Manager  |   |
| MGR   | Jon Iñaki Martinez Echezarraga  |
|   | Av. Santa Maria 5634 Edificio Otoñal 41   |
|   | Vitacura, Santiago, Chile   |
|   |   |
| MGR   | Maite Iciar de Aretxabala Urquiza   |
|   | Av. Santa María 5634 Edificio Otoñal 41   |
|   | Vitacura, Santiago, Chile   |
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| V: Effective date, if other than the titve date is listed, the date must filling.)  the date inserted in this block does ent's effective date on the Depart VI: Other provisions, if any, any will be manager-managed.  REOURED SIGNATURE:  Signature of This document is I am aware that are constitutes a third | s not meet the applicable statutory filing requirements, this date will not the timent of State's records.  If a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. ty false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Jon Iñaki Martinez Echezarraga Typed or printed name of signee  Filing Fees; of Organization and Designation of Registered Agent |

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ARTICLE IV-