

L21000493139

Florida Department of State
Division of Corporations
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.

((H21000425823 3)))



H210004258233ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From: Account Name : PRONTO TAX & ACCOUNTING SERVICES, INC
Account Number : I20090000095
Phone : (305)267-1092
Fax Number : (305)267-2819

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 NOV 17 AM 9:22

FILED

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

Email Address: mike@pronto-tax.com

**FLORIDA LIMITED LIABILITY CO.
AGROPECUARIA DON NERON USA LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

T. BURCH
NOV 18 2021

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AGROPECUARIA DON NERON USA LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:**Mailing Address:**1825 Main St Suite 23Weston, FL 33326**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Gustavo Machado

Name

1825 Main St. Suite 23Florida street address (P.O. Box **NOT** acceptable)WestonFL33326

City

State

Zip

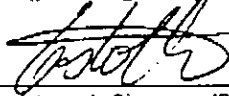
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 NOV 17 AM 9:22

FILED

00

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MGRM
Gustavo Machado
1825 Main St. Suite 23
Weston, FL 33326
AMBR
Xioiv Chirinos
Avenida 2D, Sector La Lago No 66-86 Quinta Olmeda
Maracaibo, Zulia 4002
AMBR
Carlos Eduardo Machado
Avenida 2D, Sector La Lago No 66-86 Quinta Olmeda
Maracaibo, Zulia 4002
AMBR
Victoria Coronado
7360 Coral Way Suite 21
Miami, FL 33155

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2021 NOV 17 AM 9:22

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**


Signature of a member or an authorized representative of a member.

 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
 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.
Gustavo Machado, MGRM

Typed or printed name of signer

Filing Fees:**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**