

L21000516738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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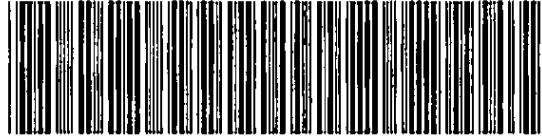
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BURCH
DEC 9 2021

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CANAVISION LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Morales
Name of Person
MyUSACorporation.com
Firm/Company
1 Radisson Plaza, Suite 800
Address
New Rochelle, NY 10801
City/State and Zip Code
info@myusacorporation.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Morales 877 3302677
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CANAVISION 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:

15390 SW 20TH ST
MIAMI, FL 33185

Mailing Address:

15390 SW 20TH ST
MIAMI, FL 33185

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:

ENRIQUE L. COLINA

Name

15390 SW 20TH ST

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

33185

City

State

Zip

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)

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TALLAHASSEE, FLORIDA

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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:

AMBR

RICARDO DIAZ LOMBARDO

1760 AVENIDA DEL MUNDO #903

CORONADO, CA, 92118

AMBR

SOLO CAPITAL, SOCIEDAD ANÓNIMA PROMOTORA DE
INVERSIÓN DE CAPITAL VARIABLE

CUAUTLA 134, HIPODROMO CONDESA, CUAUHTEMOC

MEXICO CITY, CDMX, MEXICO 06170

AMBR

ALDIGE GROUP LLC

5210 FM 2920 #500

SPRING, TX, 77388

MGR

RICARDO DIAZ LOMBARDO

1760 AVENIDA DEL MUNDO #903

CORONADO, CA, 92118

(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.817.135/F.S.

RICARDO DIAZ LOMBARDO

Typed or printed name of signee

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)

ATTACHMENT

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

5. Title : MGR
Name : SOLO CAPITAL, SOCIEDAD ANÓNIMA PROMOTORA DE INVERSIÓN DE CAPITAL VARIABLE
Address: CUAUTLA 134, HIPODROMO CONDESA, CUAUHTEMOC, MEXICO CITY, CDMX, MEXICO 06170
6. Title : MGR
Name : ALDIGE GROUP LLC
Address: 5210 FM 2920 #500, SPRING, TX, 77388

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