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.

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	Division of Cor	rporations		ŧ,	
		: (850)617-6381	•		
From:				C	
	Account Number			: ; 6 ;	ŗ
	Fax Number	: (305)552-5973 : (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. CDGUZM LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
CDGUZM LLC
ARTICLE II - Address
The mailing address and street address of the principal office of the Line is a second
PC:
3880 NW 183RD St, Apt 104
MIAMI BARDENS FL 33055
en
ARTICLE III - Registered Agent, Registered Office:
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
Christopher DominGo DIAZ GUZMAN
3880 NW 183RD St, Apt 104
MIAMI GARDENS FL 33055
ARTICLE IV
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Christopher Domingo DIAZ GUZMAN
(AMBR)

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Christopher Domingo DiAZ GUZMAN Typed or printed name of signee

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)