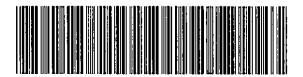
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Special Instructions to	Filing Officer:	
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Office Use Only

T. SCOTT

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COVER LETTER

TO:

Registration Section **Division of Corporations**

PERUVIAN FRIENDSHIP FOUNDATION LLC

SUBJECT:

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:

	Name of Person	
	Firm/Company	
14235 SW 109T	H PLACE	
	Address	
MIAMI, FL 33176	6	
	City/State and Zip Code	
JESSICAHURATD	O@BELLSOUTH.NET	
E-mail address: (t	o be used for future annual report notification)	

For

JESSICA HURTADO	_{at (} 305	,9920625
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

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

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
PERVUVIAN FRIENDSHIP FOUNDATION	· · · · · · · · · · · · · · · · · · ·
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
104235 SW 109TH PLACE	104235 SW 109TH PLACE
MIAMI FL 33176	MIAMI FL 33176
The name and the Florida street address JESSICA HURTADO	•
104325 SW 109TH F	PALCE
Florida	street address (P.O. Box NOT acceptable)
MIAMI	, FL 3318 <mark>6</mark> լ
	City, State, and Zip
liability company at the place design registered agent and agree to act in th all statutes relating to the proper and	t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as also capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with ion as registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MG12	JESSICA HURTADO
	104235 SW 109TH PLACE
	MIAMI, FL 33176
(Use attachment if necessary)	
**	
	in the date of filing: 01/05/2021
effective date is listed, the date	must be specific and cannot be more than five busines
or 90 days after the date of filir	
or 90 days after the date of filin	
or 90 days after the date of filin	
or 90 days after the date of filin	a Surtalo
or 90 days after the date of filin	
or 90 days after the date of filing required SIGNATURE: Signature of a magnificance with section	ng.) a www.ack nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document
or 90 days after the date of filing REQUIRED SIGNATURE: Notice Signature of a magnification of the section of	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
Property of a management of the date of filing and the date of filin	ng.) a www.ack nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State

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)