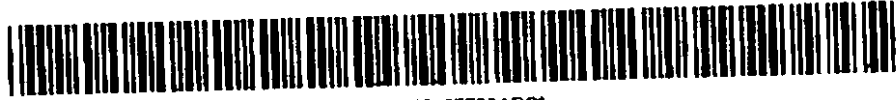


**L22000017750**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H22000019776 3)))



H220000197763ABC1

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Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
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Email Address: \_\_\_\_\_

2022 JAN 14 AM 10:40

ED

**FLORIDA LIMITED LIABILITY CO.  
RAFAEL GUTIERREZ LLC**

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

2022 JAN 14 PM 3:24

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:

RAFAEL GUTIERREZ 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:

1900 S. Treasure Dr.  
#6-0  
Normandy Isle, FL 33141

1900 S. Treasure Dr.  
#6-0  
Normandy Isle, FL 33131

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:

RAFAEL GUTIERREZ

Name

1900 S. Treasure Dr. #6-0

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

Normandy Isle, FL, 33141  
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 615, F.S.*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 JAN 15 AM 11:40

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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:**

|            |  |
|------------|--|
| <u>MGR</u> | <u>RAFAEL GUTIERREZ</u><br><u>2829 INDIAN CREEK DR PH 2</u><br><u>MIAMI BEACH FL 33140</u> |
| _____      | _____  |
| _____      | _____  |
| _____      | _____  |
| _____      | _____  |
| _____      | _____  |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 01, 2022 (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.

RAFAEL GUTIERREZ  
Typed or printed name of signee

2022 JAN 15 10:40  
D

**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)