

# L22000044063

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : E & F LATIN GROUP LLC  
Account Number : 120160000049  
Phone : (954)384-8565  
Fax Number : (954)385-5175

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

Email Address: Office@eflatinaccounting.com

### FLORIDA LIMITED LIABILITY CO. PIRAI DREAMS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2022 FEB 04 AM 11:00

2022 FEB 04 PM 7:17

**COVER LETTER**

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

**SUBJECT: PIRAI DREAMS 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:

DIEGO FIGUEROA

\_\_\_\_\_  
Name of Person

E & F LATIN GROUP LLC

\_\_\_\_\_  
Firm/Company

1820 N CORPORATE LAKES BLVD SUITE 109

\_\_\_\_\_  
Address

WESTON, FL 33326

\_\_\_\_\_  
City/State and Zip Code

DIEGO@EFLATINACCOUNTING.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO FIGUEROA

954

384 8565

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

12 FEB 20 11 17 AM '23

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PIRAI DREAMS 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:**

2665 EXECUTIVE PARK DR  
SUITE 2  
WESTON FL 33331

2665 EXECUTIVE PARK DR  
SUITE 2  
WESTON FL 33331

**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:

E & F LATIN GROUP LLC  
Name

1820 N CORPORATE LAKES BLVD SUITE 109  
Florida street address (P.O. Box **NOT** acceptable)

WESTON                      FL                      33326  
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)

02/04/22 07:17

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

CARLOS A. MARTINEZ ZAPATERO  
2665 EXECUTIVE PARK DR SUITE 2  
WESTON FL 33331

MGR

LAURA M. ZABARAIN DE LA ESPRIELLA  
2665 EXECUTIVE PARK DR SUITE 2  
WESTON FL 33331

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/03/2022 (OPTIONAL)

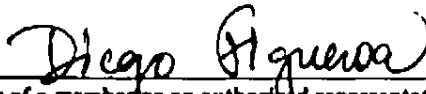
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

DIEGO FIGUEROA

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)

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7:17