

Florida Department of State  
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.**

(((H22000060418 3)))



H220000604183ABCK

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

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

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (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.  
VILLAR & VERDE, LLC

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:****VILLAR & VERDE, LLC****ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**18340 SW 296<sup>TH</sup> ST  
HOMESTEAD, FL 33030**Mailing Address:**18340 SW 296<sup>TH</sup> ST  
HOMESTEAD, FL 33030**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:

**JORGE ANTONIO VILLAVERDE MARTIN**

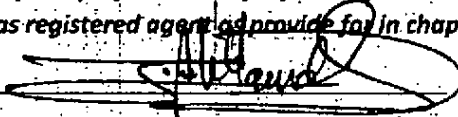
Name

18340 SW 296<sup>TH</sup> STFlorida street address (P.O. Box NOT acceptable)

HOMESTEAD FL 33030

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.*

X   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

AMBR

JORGE ANTONIO VILLAVERDE MARTIN

18340 SW 296<sup>TH</sup> ST

HOMESTEAD, FL. 33030

AMBR

LETICIA VILLAR AGUILAR

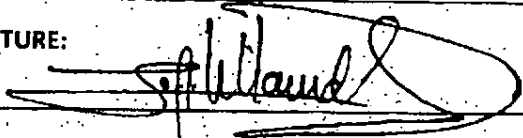
18340 SW 296<sup>TH</sup> ST

HOMESTEAD, FL. 33030

(Use attachment if necessary)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

X 

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.

2022 FEB 15 7:27