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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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 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. ••

FLORIDA LIMITED LIABILITY CO. SL MATE LLC

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

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Corporate Filing Menu

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D. O'KEEFE

FEB 2 3 2022

COVER LETTER

то:	New Filing Sec Division of Cor					
SHRIE	ECT: SL MATE	LLC				
30137	<u></u>		Limit	ed Liabili	ty Company	
The en	closed Articles of	Organization and fcc(s)) are s	ubmitted	for filing.	
Please	return all correspo	ndence concerning this	matte	er to the f	ollowing:	
	DIEGO FIG	UEROA				
				Name of	Person	
	E & F LATII	N GROUP LLC				
				Firm/Co	mpany	
	1820 N COR	PORATE LAKES BL	VD SI	UITE 109	ı	
		-		Addr	ess ess	
	WESTON FI	L 33326				
	DIECOGEE	ATINACCOLINITING			! Zip Code	
		ATINACCOUNTING E-mail address: (to be us			nnual report notificati	on)
For furth	ner information co	ncerning this matter, ple	use c	all:		
	DIEGO FIGU	JEROA at	954 (384 8565	
	Nani	e of Person	$\overline{}$	a Code	Daytime Telephon	e Number
Enclose	ed is a check for th	nc following amount:				
	5.00 Filing Fee	≣\$130.00 Filing Fee Certificate of Status		Certific	i.00 Filing Fee & ed Copy Il copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. B	g Address ling Section on of Corporations ox 6327		:	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	issee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	ĸ	
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The name of the Limited Liability Company is:

SL MATE 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:

Princin	al Office	Address:
FFIREJU	ai Villice	Auul Cis.

Mailing Address:

2645 EXECUTIVE PARK DRIVE	2645 EXECUTIVE PARK DRIVE
SUITE 308	SUITE 308
WESTON PL 33326	WESTON FL 33326

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:

DIEGO FIGUEROA

Name

1820 N CORPORATE LAKES BLVD SUITE 109

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

WESTON FLORIDA 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)

"MGR" = Manager	Name and Address:	
MGR	WALTER ALEJANDRO ARECHAVALA 2645 EXECUTIVE PARK DRIVE SUITE 308 WESTON FL 33326	
MGR	MATEO ARECHAVALA 2645 EXECUTIVE PARK DRIVE SUITE 308 WESTON FL 33326	2022 FE
	SSEE. FLORI	B 22 AM II: I
(Use attachment if necessary)	50 · 1	σ
CLE V: Effective date, if other than the dieffective date is listed, the date must be	ate of filing: 02/22/2022 (OPTIONAL) specific and cannot be more than five business days prior to or 90 d	_
: If the date inserted in this block does no ocument's effective date on the Departme	ot meet the applicable statutory filing requirements, this date will not be ent of State's records.	
: If the date inserted in this block does no ocument's effective date on the Departme		
: If the date inserted in this block does no ocument's effective date on the Departme		
If the date inserted in this block does no ocument's effective date on the Departme CLE VI: Other provisions, if any.		
REQUIRED SIGNATURE: Signature of a This document is exe I am aware that any fe		

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)

E & F ACCOUNTING GROUP LLC

Phone: 9543848565 **Fax:** 9543855175

FAX

Re: Date: 02/22/2022

1820 N Corporate Lakes Blvd, WESTON, FL 33326