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	ew Filing Section ivision of Corporat	ions			
SHRIFCT	PD A	Ipha Seed Rou	and LLC		
() () () ()		Name of Li	mited Liabi	lity Company	
The enclos	sed Articles of Organ	tization and fee(s) a	re submitted	for filing.	
Please retu	rn all correspondenc	ee concerning this n	atter to the	following:	
	LUIS E. FERNAN	DEZ, ESQ.			
			Name o	Person	
	SENTINEL CORE	PORATE SERVICE	S 1.1.C		
			Firm/Co		
	14411 S. DIXIE H	WY SUITE 220			
	MIAMI, FL 33176	1	Add	ress	
	PARALEGAL@LE		City/State ar	nd Zip Code	
	E-mail	address: (to be use	d for future	annual report notificati	on)
For further i	nformation concerni	ng this matter, pleas	se call:		
	LUIS E. FERNAN	DEZ, ESQ	305	239-9427	
				1	
	Name of P	erson ,	Area Code	Daytime Telephon	e Number
Enclosed i	s a check for the foll	owing amount:			
■\$125.00		130.00 Filing Fee & tificate of Status	Certil	5,00 Filing Fee & ied Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Add			Street Address New Filing Section Di	odet sa
New Filing Section Division of Corporations P.O. Box 6327			The Centre of Tallah; 2415 N. Monroe Street	issee	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing Address: Mailing Address: Mailing Address: HES, DIXIE HWY HTE 220 AMI, FL 33176 ent's Signature: You must designate an individual or
Mailing Address: OH S. DINIE HWY ITE 220 AMI, FL 33176 ent's Signature: . You must designate an individual or
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SETT TO ENTER THE AMELIAN ASSET FL. TO ENTER THE AMELIAN ASSET
acceptable)
33176
Zip □≦ 🗲
ne above stated limited liability company at the red agent and agree to act in this capacity. I er and complete performance of my duties, and I as provided for in Chapter 605, F.S.
e 10

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Co. I.V.C. arts	Name and Address:		
"AMBR" = Author "MGR" = Manager				
MGR	1	Rodiigo Blanco		
SKAR		T44T S, DIXTE HWY SUITE 220		_
		MIAMI, FL 33176		<u> </u>

			-	
				
				_
			FRA 101	
(Use attachment if	necessary)			
ARTICLE V: Effective date	if other than the date	of filing:	. (OPTIONAL)	
(If an effective date is listed	, the date must be sp	ecific and cannot be more than five bus	iness days prior to or	90 days after
the date of filing.)				
<u>Note:</u> If the date inserted in the document's effective date		neet the applicable statutory filing require	ements, this date will i	iot be listed as
the document's effective da	te on the Department	of State's records.		
ARTICLE VI: Other provisi	ons, if any.			
				
			<u> </u>	20.7
			i a	2
REOURED SIG	NATURE:		, I	HAR TO
		Rodrigo Blanco	主	2
		ember or an authorized representative		— → 1
Th	is document is execu-	ted in accordance with section 605.0203 ((1) (b), Florida Şiatiyle	
La coi	m aware that any false nstitutes a third degree	e information submitted in a document to e felony as provided for in s.817.155, F.S	the Department of Sta	"= 9
		Rodrigo Blanco, Manager		<u> </u>
		Typed or printed name of signee		-

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)