From: Yanet Avila

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.

(((H22000109723 3)))



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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number

: (305)328-4774

#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. BILLIONAIRE COLLECTION LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

BILLIONAIRE COLLECTION I.J.C.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE H - Address:

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

| Principal Office Address: | Mailing Address: |
|---------------------------|------------------|
| 4995 NW 72nd AVE | SAME |
| STE 205 | |
| MIAMI, FL 33166 | |

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:

| RAYMUNDO A | LBERTO FUENMAY | OR PEROZO |
|-------------------|------------------------------|-------------|
| | Name | |
| 4995 NW 72nd A | AVE STE 205 | |
| Florida street ad | dress (P.O. Box <u>NOT</u> a | ecceptable) |
| MIAMI | FL | 33166 |

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..

/s/ Raymundo Alberto Fuenmayor Perozo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 MAR 24 PM 2: 06

Page: 4 of 4

| | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| AMBR | RAYMUNDO ALBERTO FUENMAYOR PEROZO |
| | 4995 NW 72nd AVE STE 205 |
| | MIAML FL 33166 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | • |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| EV: Effective date, if other than the fective date is listed, the date must l | date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days a |
| EV: Effective date, if other than the fective date is listed, the date must lof filing.) | date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list |
| EV: Effective date, if other than the fective date is listed, the date must lof filing.) | date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list |
| EV: Effective date, if other than the fective date is listed, the date must lof filing.) If the date inserted in this block does the inserted on the Department's effective date on the Department. | date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list |
| LE V: Effective date, if other than the fective date is listed, the date must loof filing.) If the date inserted in this block does ment's effective date on the Department. E VI: Other provisions, if any. | date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list |
| LE V: Effective date, if other than the fective date is listed, the date must loof filing.) If the date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any. | date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ment of State's records. |
| LE V: Effective date, if other than the fective date is listed, the date must loof filing.) If the date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any. | date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list |
| LE V: Effective date, if other than the fective date is listed, the date must loof filing.) If the date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any. | date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ment of State's records. |
| LE V: Effective date, if other than the fective date is listed, the date must loof filing.) If the date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any. | date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ment of State's records. |
| EV: Effective date, if other than the fective date is listed, the date must lof filing.) If the date inserted in this block does ament's effective date on the Department of t | date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ment of State's records. |
| EV: Effective date, if other than the fective date is listed, the date must lof filing.) If the date inserted in this block does ament's effective date on the Department of t | date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ment of State's records. |
| EV: Effective date, if other than the fective date is listed, the date must lof filing.) If the date inserted in this block does unent's effective date on the Department's effective date on the Department's Cher provisions, if any. REQUIRED SIGNATURE: | date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ment of State's records. |
| EV: Effective date, if other than the fective date is listed, the date must lof filing.) If the date inserted in this block does unent's effective date on the Department's effective date on the Department's Cher provisions, if any. REQUIRED SIGNATURE: Signature of This document is e | date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list ment of State's records. |

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)