

# C22000122510

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**FLORIDA LIMITED LIABILITY CO.  
VARGAS Y CIA, LLC**

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

VARGAS Y CIA, 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:

1404 NE 17<sup>th</sup> CT1404 NE 17<sup>th</sup> CT

Ft Lauderdale, FL 33305

Ft Lauderdale, FL 33305

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

## Name

LUIS ANDRES VARGAS ABARCA

Florida Street address (P.O. Box NOT acceptable)1404 NE 17<sup>th</sup> CT

Ft Lauderdale

FL

33305

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 provide for in chapter 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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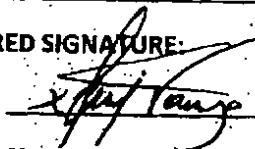
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**ARTICLE IV -**

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****LUIS ANDRES VARGAS ABARCA****1404 NE 17<sup>th</sup> CT****Ft Lauderdale, FL 33305****AMBR****FRANCISCO JAVIER VARGAS ABARCA****1404 NE 17<sup>th</sup> CT****Ft Lauderdale, FL 33305****AMBR****CRISTIAN ENRIQUE VARGAS ABARCA****1404 NE 17<sup>th</sup> CT****Ft Lauderdale, FL 33305**

(Use attachment if necessary)

**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.

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