22000 133913

(Ke	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
	—	—
PICK-UP	WAIT	MAIL
(Bı	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Eiling Officer	
Special matructions to	Timing Officer.	'

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Certificate of Fictitious Name			Certificate of Good Standing
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Officer Search			Certificate of Fictitious Name
Fictitious Search			Corp Record Search
Fictitious Owner Search Vehicle Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval UCC 11 Retrieval Courier Courier UCC 11 Search UCC 11 Retrieval Courier UCC 11 Retrieval			Officer Search
Vehicle Search			Fictitious Search
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UCC 1 Search UCC 1 Search UCC 1 Retrieval UCC 1 Re			Driving Record
Name Date Time UCC Retrieval Walk-In Will Pick Up Courier	Requested by:		UCC 1 or 3 File
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	\ <u> </u>	• · · · · · ·	Courier

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Nai	me:
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The name of the Limited Liability Company is:

2022 MAR 31 PM 12: 49

				TULL HAR 31	PMI
Harbor Fort Holdin		,		Ct. Com	E 25 F 2
(Must cor	itain the words "Limite	d Liability Company	v, "L.L.C.," or "LLC.")	SEURL /ANY TALLAHAS	2 1U 1122
ARTICLE II - Address:					ا ال ال
The mailing address and street	address of the principa	l office of the Limite	d Liability Company is	:	
•					
<u>Princi</u>	pal Office Address:		Mailing A	<u>ddress</u> :	
1000 Brickell Aven	ue	100	00 Brickell Avenue		_
Suite 300			ite 300		_
Miami, FL 33131		<u>Mi</u>	ami, FL 33131		_
The name and the Florida stree	_	_			
	AGI Registered Ag			_	
		Name			
	1000 Brickell Ave.	., Suite 300		_	
	Florida street addr	ess (P.O. Box <u>NOT</u>	acceptable)		
	Miami	FL	33131	_	
	City	State	Zip		
aving been named as registered lace designated in this certificat irther agree to comply with the p m familiar with and accept the c	e, I hereby accept the a provisions of all statutes bligations of my position	ppointment as registe s relating to the prop on as registered agen	ered agent and agree to er and complete perfort t as provided for in Cha ature (REQUIRED)	act in this capacity nance of my duties,	i. I

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Eduardo Pelaez 1000 Brickell Aye., Suite 300 Miami, FL 33131
	SELECTION OF THE SELECT
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	be date of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Je levi
This document is I am aware that an	f a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. by false information submitted in a document to the Department of State degree felonylas provided for in s.817.155, F.S.
Robert R. A	Adams, Authorized Representative Typed or printed name of signee

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)