

L22000139479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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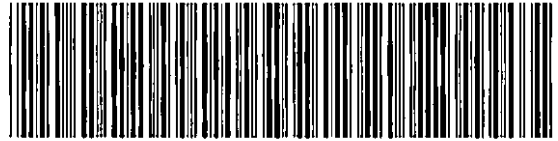
(Business Entity Name)

(Document Number)

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**CORPORATE  
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LLC

1. **NEUVA, LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**FILED**  
2027 APR -4 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**NEUVA, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**9000 SHERIDAN ST #138**

**PEMBROKE PINES, FL 33024**

**Mailing Address:**

**9000 SHERIDAN ST #138**

**PEMBROKE PINES, FL 33024**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**RCG ACCOUNTING & ASSOCIATES, INC.**

**9000 SHERIDAN ST #138**

**PEMBROKE PINES, FL 33024**

*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/DEBORAH RIOS, EA*

\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Members/Managers**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

**TOMAS E. VARELA REBOLLEDO  
9000 SHERIDAN ST #138  
PEMBROKE PINES, FL 33024**

AMBR

**JUAN M. NEUMANN MAGANA  
9000 SHERIDAN ST #138  
PEMBROKE PINES, FL 33024**

**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is April 4, 2022.

REQUIRED SIGNATURE:

**/S/TOMAS EDUARDO VARELA REBOLLEDO**

**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.

**TOMAS EDUARDO VARELA REBOLLEDO**

**Typed or printed name of signee**

SECRETARY OF STATE  
TALLAHASSEE, FL

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