

4/8/22, 11:14 AM

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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
4MEN US, LLC.

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

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DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 APR -8 AM 9:38

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4MEN US, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

14524 SW 104th Ct, Miami, FL 33176

Mailing Address:

14524 SW 104th Ct, Miami, FL 33176

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:

CAMILA ANA MARIA HARB BORDA

Name


14524 SW 104TH COURT

Florida street address (P.O. Box **NOT** acceptable)

Miami Florida 33176

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 provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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LLC

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager	
_____	_____
_____	_____
AMBR	IOT US1 LLC 14524 SW 104th Ct, Miami, FL 33176
_____	_____
AMBR	MIAMI COCO ICE, LLC 14568 SW 143 TER MIAMI, FL 33186
_____	_____
AMBR	F3 MOBILEASING, INC. 8950 SW 74 Ct Suite 2210 Miami, FL 33156
_____	_____

(Use attachment if necessary)

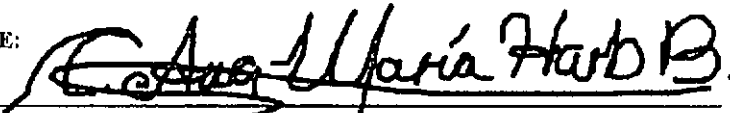
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL) _____
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
Each company owns 33.33% of the company

2022 APR 8 AM 9:33
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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.

CAMILA ANA MARIA HARB BORDA

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)