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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : GLOBAL SUCCESS INVESTMENTS LLC
Account Number : I20200000016
Phone : (954)903-4036
Fax Number : (954)246-0340

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COMMERCIAL RECORDING SERVICES

FLORIDA LIMITED LIABILITY CO.
CAFETEROS DE LA MONTANA LLC

Certificate of Status	0
Certified Copy	0
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CAFETEROS DE LA MONTANA LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICA PEREZ
Name of Person

SLI ACCOUNTING SERVICES LLC
Firm/Company

1860 N PINE ISLAND RD SUITE 106
Address

PLANTATION FL. 33322
City/State and Zip Code

monica.perez@taxcareinc.com
E-mail address: (to be used for future annual report notification)

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CLERK, CITY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MONICA PEREZ at (786) 259 4259
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ■ $125.00 Filing Fee
- ☐ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

CAFETEROS DE LA MONTANA LLC
(Must contain 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:	**Mailing Address:**
1860 N PINE ISLAND RD SUITE 106	1860 N PINE ISLAND RD SUITE 106
PLANTATION FL 33322	PLANTATION FL 33322

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:

SLI ACCOUNTING SERVICES LLC
Name

1860 N PINE ISLAND RD SUITE 106
Florida street address (P.O. Box **NOT** acceptable)

PLANTATION	FL	33322
City	State	Zip

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TALLAHASSEE, FLORIDA

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..

Nonwaitred
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	FELIPE BOHORQUEZ GIRALDO CII 33 D SUR EL ESCOBERO MEDELLIN - ANTIOQUIA - COLOMBIA
AMBR	DIEGO ALEJANDRO GIRALDO CII 7 SUR 51A 21 INT 118 MEDELLIN - ANTIOQUIA - COLOMBIA
AMBR	DAVID GIRALDO VALENCIA CL 36 D SUR EL ESCOBERO MEDELLIN - ANTIOQUIA - COLOMBIA

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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.

REQUIRED SIGNATURE:

Felipe Bohorquez

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.

FELIPE BOHORQUEZ GIRALDO
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)