## L22000155243

(Requestor's Name)
(Address)
( /
(Address)
(City/State/Zip/Phone #)
(511)/51316/21.ph 110116 #/
PICK-UP WAIT MAIL
(Business Entity Name)
(business chary Name)
(Document Number)
Contilled Continue of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



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LLAHASSEE, FI OF

2022 APR 12 PM 2: 2

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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

7541 NE LLC				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
			Ì	L.C. File
				Fictitious Name File
				Trade/Service Mark
			1	Merger File
			1	Art. of Amend. File
			1	RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
			1	Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
			<del></del>	Officer Search
				Fictitious Search
				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH				UCC 1 or 3 File
	04/11/22			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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

2027 APR 12 PM 4: 02

SECHEIMIN UF STATE TALLAHASSEE, FL

7541 NE LLC

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

## ARTICLE II - Address: The mailing address and s

Principal Office Address:			Mailing Address:		
8325 NE 2 A	VENUE #310	83	25 NE 2 AVENUE #310		
MIAMI, FL 3	3138	M	MIAMI, FL 33138		
•	vith an active Florida registratio a street address of the registered LORENE SEHLER Y	l agent are:			
		Name	<del></del>		
	9124 GRIFFIN ROA	D			
	Florida street address	s (P.O. Box <u>NOT</u>	acceptable)		
	COOPER CITY	FL	33328		
	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. Thereby accept the appointment as registered agent and agree to act in this capacity. T 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.,

(CONTINUED)

<u>Title:</u> "AMBR" = A "MGR" = M	Authorized Member	Name and Address:	
MGR		MARCO LOPEZ dE CARRIZOSA FINAT 8325 NE 2 AVENUE SUITE 310 MIAMI, FL 33138	· •
MGR		ALEJANDRO ARTIGA 8325 NE 2 AVENUE SUITE 310 MIAMI FL 33138	202 APR 12
<del></del>			PH 4: 02
(Use attachn	nent if necessary)		
ICLE V: Effective date is ate of filing.)  If the date insecuent's effect occurrent's effect of the control of	ve date, if other than the listed, the date must be rted in this block does not be date on the Departmorovisions, if any.	date of filing: APRIL 12, 2022 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not sent of State's records.  Inpany and the current managers are Marco Lopez de Carrizosa Finat	be liste
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The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)