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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
UNNO VISION LLC**

Certificate of Status	1
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S. CHATHAM
APR 19 2022

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

UNNO VISION LLC

ARTICLE II - Address:

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

609 Almeria Ave #102
Coral Gables, FL 33134

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

Lissette Angeles Rakusa
609 Almeria Ave #102 Coral Gables FL 33134

ARTICLE IV:

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

Christina Ugarte - AMBR
Lissette Angeles Rakusa - AMBR

22 APR 18 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Required Signatures:Christina Ugarte**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Lisette Angeles Rakusa**Typed or printed name of signee**

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..

[Signature]
Registered Agent's Signature (REQUIRED)**FILED****22 APR 18 AM 9:05****SECRETARY OF STATE
TALLAHASSEE FL 32399**