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Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : RIVEROS CORP. Account Number : 120190000048 Phone : (305)507-8464 Fax Number : (786)516-2206

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. MVJB INVESTMENTS LLC

Certificate of Status	0
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Help

## COVER LETTER

TO:	New Filing Se Division of Co				
SURJE	MVJB IN	VESTMENTS LLC			
		Nams of L	imited Liability Company		
The enc	losed Articles o	f Organization and fee(a)	are submitted for filing.		
Please re	eturn all corresp	ondence concerning this 1	matter to the following:		
	JAIRO A B	OHORQUEZ			
			Name of Person		
	<del></del>		Firm/Company		,
	1708 Victor	ia Pointe Cir			
			Address		1
	Weston / Fl	33327			
	germanrojas0	l @yaboo.com	City/State and Zip Code		
		E-mail address: (to be use	d for future annual report notifical	lion)	ı
For further	r information co	neeming this matter, plea	se call:	Ā	2022
	Jairo A Boho	orquez	954 2455278		MAY :
			Area Code Daytime Telephor	ne Number	2 MAY -5 PH 12:
		he following amount:		<u> </u>	25. v.
<b>■</b> \$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	0

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 B10 Taliahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDIOLOGIC				L
ARTICLE I - Name: The name of the Limited Liabilit	ty Campeny in			
The District Like His	sy company is.			
MVJB INVESTMEN	TS LLC			
		Liability Comp	any, "L.L.C.," or "LLC.")	<del></del> .
ARTICLE II - Address:		, ,		
The mailing address and street as	ddress of the principal	office of the Lin	nited Liability Company is.	
			to.	
Princip	al Office Address:		Mailing Ad	dress:
1708 Victoria Pointe	Cir		1708 Victoria Pointe Cir	
Weston/FL 33327			Weston/FL 33327	<del></del>
		<del></del> ,		
ARTICLE III - Registered Age	nt, Registered Office,	& Registered	Agent's Signature:	
(The Limited Liability Company	cannot serve as its own	Registered Ao	mt. You must designate an	individual or
another business entity with an a	cuve rionaa registrani	on.)		
The name and the Florida street a	iddress of the registere	d agent are:		
	German Rojas			
	Согини Којаз	Name		
	17/09/2017			
	175 SW 7th Street St		T 17.)	
	Florida street address (P.O. Box NOT acceptable)			
	Mjami	Fl	33130	
	City	State	Zip	
Having been named as registered a	gent and to accept serv	ice of process fo	r the above stated limited its	hility company of the
place designated in this certificate,	I hereby accept the app	ointment as regi	stered agent and agree to ac	t in this canacity. I
Juriner agree to comply with the pri	ovisions of all statutes r	elating to the on	pper and complete performs	nce of my dutles; and I 👼 💎
am familiar with and accept the ob	ngawons of my position	as registerea ag	ent as pruvided for in Chapt	er 603, r.s :=
	(D)	HUU	_	er 605, F.S. LLAY-5 PI
	Paris		A PATTE HE	. 3
	Kegist	cred Agent's 31	gnature (REQUIRED)	P :
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I representative of a member. ection 605.0203 (1) (b), Florida S	PH 12: 50.
zec h s	zed representative of a member. h section 605.0203 (1) (b), Florida S ed in a document to the Department of

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)