

02000191523

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000167848 3)))



H220001678483A5C5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.
Account Number : I20120000083
Phone : (305)593-0829
Fax Number : (305)593-8744

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

Email Address: annualrenewals@taxnelson.com

FLORIDA LIMITED LIABILITY CO.
Blua Hermanas LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

2022 MAY 10 PM 2:37

CORPORATIONS
COMMERCIAL
SERVICES

2022 MAY 10 AM 11:09
DIVISION OF STATE
REGISTRATION

2022 MAY 10 AM 11:09

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

((H22000167848 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blua Hermanas LLC~~(Must contain the words "Limited Liability Company" or "LLC")~~

ARTICLE II - Address:

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

Principal Office Address:1885 NW 88th CourtSuite 202Doral, FL 33172Mailing Address:1885 NW 88th CourtSuite 202Doral, FL 33172

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:

NELSON & ASSOCIATES CPA

Name

1985 NW 88th Court, Suite 202Florida street address (P.O. Box **NOT** acceptable)DoralFL33172

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)

(((H22000167848 3)))

FILED
 2022 MAY 10 AM 11:09
 CLERK OF STATE
 TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Julia Elena Rodriguez Blua
1985 NW 88th Court, Suite 202
Doral, FL 33172

MGR

Ana Victoria Blua
1985 NW 88th Court, Suite 202
Doral, FL 33172

MGR

Maria Eugenia Blua
1985 NW 88th Court, Suite 202
Doral, FL 33172

(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.

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.

Maria Eugenia Blua

Typed or printed name of signee

SECRET
STATE

2022 MAY 10 AM 11:09

FILED