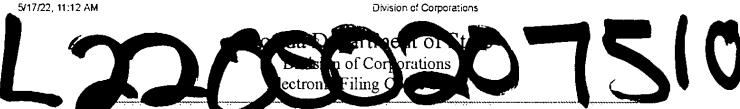
Division of Corporations



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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 : KCO SERVICES, LLC

Account Number : I2020000018 Phone : (954)744-6605

Fax Number : (833)648-2730

Enter the email address for this business entity to be used for $\operatorname{futu}{\overline{R}}$ e annual report mailings. Enter only one email address please.

Email Address: leigyfabiola25@gmail.com

FLORIDA LIMITED LIABILITY CO. COMERCIALIZADORA LAS MARIAS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTRIZZOF ORGANIZATION FOR FLOR	IIMIZVIIIEDIZABIZI I COVIFANI
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
7	
COMERCIALIZADORA LAS MARIAS LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
	, , , , , , , , , , , , , , , , , , , ,
ARTICLE II - Address:	
The mailing address and street address of the principal office of	of the Limited Liability Company is:
	, ,
Principal Office Address:	Mailing Address:
19240 NW/ 507TH A VE A DE 104	10040 NIM FOUTT A ME A DE 104
18240 NW 59TH AVE APT 104	18240 NW 59TH AVE APT 104
HIALEAH, FL 33015	HIALEAH, FL 33015
ADTICI F.III Docistanad Agent Decistanad Office & De	aistand Agent's Signatura
ARTICLE III - Registered Agent, Registered Office, & Re- (The Limited Liability Company cannot serve as its own Regis	
another business entity with an active Florida registration.)	sector Agent. 1 on must designate an marviduat of
another business entity with an active ritorida registration.)	
The name and the Florida street address of the registered agen	t are:
KCO SERVICES LLC	
Nan	ac
7717 PADDCOK PL	

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..

Florida street address (P.O. Box NOT acceptable)

DAVIE

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

CAGLE AND/OR VIDEO DIVISION OF CORPORATIONS

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	LEIDY FABIOLA OCANDO RINCON 18240 NW 59TH AVE APT 104 HIALEAH, FL 33015
	date of filing: (OPTIONAL)
CLE V: Effective date, if other than the ceffective date is listed, the date must be the of filing.)	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the ceffective date is listed, the date must be the of filing.) If the date inserted in this block does not be determined in the Department's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be leent of State's records.
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