## L22000216061

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ALLAHASSEE, FLOR

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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

EENFOR INTERN	NATIONAL GI	ROUP 5 LL	
·			
			Art of Inc. File
	•		LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
 Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: SETH	05/19/22		UCC 1 or 3 File
Name	$-\frac{05/18/22}{Date}$	Time	UCC 11 Search
variic	Date	Mile	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

FILED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2022 MAY 19 PM 4: 47

BUTCH BOOK	INCOMEDIATE OF COLUMN	Charmaria
KEENFOR	INTERNATIONAL	GROUP SILL

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

**ARTICLE II - Address:** 

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

Principal Office Address:	Mailing Address:	
255 ARAGON AVENUE, 2ND FLOOR	255 ARAGON AVENUE, 2ND FLOOR	
CORAL GABLES FL. 33134	CORAL GABLES FL, 33134	

(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:

ABITOS PLLC		
1	Name	
255 ARAGON AVEN	UE, 2ND FLOOR	,
Florida street address (	P.O. Box <u>NOT</u> acce	ptable)
CORAL GABLES	FLORIDA	33134
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 Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Signature (REQUIRED)

(CONTINUED)

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

	t" = Authorized Me = Manager	Name and Addramber	ess:
_MG	2	LUCAS GABRIEL FO 255 ARAGON AVEN CORAL GABLES FL.	UE, 2ND FLOOR
<del></del>			
			2022 HAY
			HASSEE
(Use au	achment if necessar	у)	THE THE
(If an effective da the date of filing, <u>Note:</u> If the date	ate is listed, the dat ) inserted in this blo	•	than five business days prior to or 90 days after filing requirements, this date will not be listed as
	ther provisions, if ar	ny.	
<u> </u>	RED SIGNATUR	E: Sth. lux	

ALBERTO GUZMAN

Typed or printed name of signee