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FLORIDA LIMITED LIABILITY CO. IBACREA LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

Articles Of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

IBACREA LLC

Article II

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

1900 N Bayshore Dr, Suite 1A #136-989
Miami, Florida 33132
United State of America

The mailing address of the Limited Liability Company is:

1900 N Bayshore Dr, Suite 1A #136-989
Miami, Florida 33132
United State of America

Article III

Other provisions, if any:

Any and all lawful business

Article IV

The name and Florida street address of the registered agent is:

Lupa Enterprises INC 100 SE 2nd Street Suite 2000 Miami, Florida 33131 United State of America



Registered Agent's Signature

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..



Article V

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

Title: MGR

JOSE MANUEL ZAMORA ORTIZ

Address

MANZANA D CASA 21 BARRIO HACIENDA PIEDRAPINTADA

IBAGUE TOLIMA COLOMBIA 730001

Title: MGR

DUVÁN ANDRÉS RIVERA RODRIGUEZ

Address

Calle 2#1-24 Barrio la Gaviota

IBAGUE TOLIMA COLOMBIA

730001

Title: MGR

CRISTHIAN CAMILO TELLEZ GONZALEZ

Address

CARRERA 7 N 36-56 TORRE FEDERICK APARTAMENTO 803

IBAGUE TOLIMA

COLOMBIA

730001

Title: MGR

HUGO EMMANUEL MELO BONILLA

Address

MANZANA F CASA 17 HACIENDA PIEDRAPINTADA

IBAGUE TOLIMA COLOMBIA 730001



Article VI

The effective date for this Limited Liability Company shall be:

06-09-2022

Je Mel Zana Ctiz

Signature of a member or an authorized representative of a member.

JOSE MANUEL ZAMORA ORTIZ

Name of signee

This document is executed in accordance with section 605.0203 (1) (b), Florida

Statutes Lam aware that any false information submitted in a document to the 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.857-155 F.S.