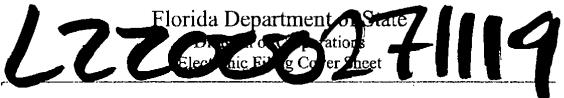
6/15/22, 11:20 AM

Division of Corporations



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.

(((H22000208110 3)))



H220002081183ABCQ

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Eman I	Address:			

2022 JULI 15 PM 12: 47

FLORIDA LIMITED LIABILITY CO. CAANA LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2022 JUN 15 PH II: 30

Electronic Filing Menu

Corporate Filing Menu

Help

To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
04	CAANA LLC		
ARTICLE II - Address: The mailing address and street address of the pr		inpany, "L.L.C.," or "LLC.") Limited Liability Company is:	
Principal Office Addr	ess:	Mailing Address:	
656 W FLAGLER STREET SUITE MIAMI, FL 33130	900	дате	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida re	s its own Registered		202 JUN 15
The name and the Florida street address of the r	registered agent are:		
LUIS	S GUILLERMO MA Name	RTINEZ BORRAS	5 PHII: 30
(66 W FLAGLER ST	REET SUITE 900	
Florida stre	et address (P.O. Box	NOT acceptable)	<u>نا</u> ن
MIAMI	FL	33130	
Ci	ity 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 t am familiar with and accept the obligations of myposition as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	•
"MGR" = Manager	LUIS GUILLERMO MARTINEZ BORRAS
AMBR	66 W FLAGLER STREET SUITE 900
•	MIAMI, FL 33130 .
AMBR-MGR	CARLOS FELIPE CRUZ SOTO
AMBR-MOR	656 W FLAGLER STREET SUITE 900
	MIAMI, FL 33130
AMBR	CARLOS ALFREDO ESCOBAR PILONIETA
Amak	656 W FLAGLER STREET SUITE 900
	MIAMI, FL 33130-
	A PART OF THE COURT OF
AMBR	GLORIA AMPARO AGUDELO DE ESCOBAR
	656 W FLAGLER STREET SUITE 900
	MIAMI, FL 33130
(Use attachment if necessary)	•
(Use attachment if necessary)	(OPTIONAL)
T V. Effective data if other than the del	te of filing: (OPTIONAL)
LE V: Effective date, if other than the dat flective date is fisted, the date must be a	because and caused the limit course live pressures on a beauty
LEV: Effective date, if other than the dat fleetive date is fisted, the date must be a e of filing.)	meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the dat flective date is fisted, the date must be a	meet the applicable statutory filing requirements, this date will not
LEV: Effective date, if other than the dat flective date is fisted, the date must be a e of filing.) If the date inserted in this block does not nument's effective date on the Department TEVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not it of State's records.
LEV: Effective date, if other than the dat flective date is fisted, the date must be a e of filing.) If the date inserted in this block does not nument's effective date on the Department TEVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not it of State's records.
LE V: Effective date, if other than the dat flective date is fisted, the date must be a e of filing.) If the date inserted in this block does not nument's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not it of State's records.
LEV: Effective date, if other than the dat flective date is fisted, the date must be a e of filing.) If the date inserted in this block does not nument's effective date on the Department TEVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not it of State's records.
LEV: Effective date, if other than the dat flective date is fisted, the date must be a e of filing.) If the date inserted in this block does not nument's effective date on the Department TEVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not it of State's records.
TLE V: Effective date, if other than the data ffective date is listed, the date must be a coffling.) If the date inserted in this block does not nument's effective date on the Department of MEDICAL, SPORTS AND FITNE OF MEDICAL, SPORTS AND FITNE REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not it of State's records.

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.

> LUIS GUILLERMO MARTINEZ BORRAS Typed or printed name of signee

> > Filing Fees:

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)