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Division of Corporations

# L2200027796rid Department of State

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Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. SOBREIRA LLC

Certificate of Status	0
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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SOBREIRA LLC
(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:

THEODALOME Address.	Walnut Modiess.
8125 NW 74 AVE	
8	SAME
MEDLEY, FL 33166	

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:

Principal Office Address

Name

8125 NW 74 AVE 8
Florida street address (P.O. Box NOT acceptable)

MEDLEY FL 33166

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..

/s/ Licinio Jorge Leao

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ECRETARY OF STATE

FILED

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	LICINIO JORGE LEAO 8125 NW 74 AVE 8 MEDLEY. FL 33166
<del></del>	
(Use attachment if necessary)	
effective date is listed, the date must be te of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day at meet the applicable statutory filing requirements, this date will not be not of State's records.
REOUIRED SIGNATURE:	
/4/	Licinio Jorge Leao member or adauthorized representative of a member.
This document is exe I am aware that any fa	member or ad authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.
LICINIO JORO	
	Typed or printed name of signee
	7.00

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)

as