

L22 000293556

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H22000224028 3)))



H220002240283ABCW

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : ARIMIR SERVICES GROUP LLC  
Account Number : I2020000022  
Phone : (305)298-6579  
Fax Number : (305)643-5225

2022 JUN 29 AM 8:51  
DEPARTMENT OF STATE  
ELECTRONIC FILING

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

Email Address: deyanire@myburs.net

FLORIDA LIMITED LIABILITY CO.  
ARTE CLO LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$130.00 |

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SERVICES

6-29

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Arimir Services

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6/30/2022 1:44:09 PM PAGE 1/001 Fax Server



June 30, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ARIMER SERVICES GROUP LLC

SUBJECT: ARTE CLO  
REF: W22000087710

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CORPORATIONS

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey  
OPS Clerk

FAX Aud. #: H22000224028  
Letter Number: 122A00014826

# TRANSACTION REPORT

JUN/29/2022/WED 01:52 PM

FAX (TX)

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| 001 | JUN/29 | 01:50PM  | 18506176381 | 0:01:23   | 3    | MEMORY OK | ECM 4756 |

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTE CLO 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:

Principal Office Address:

950 S PINE ISLAND RD A150 SUITE 1008  
PLANTATION FLORIDA, 33324

Mailing Address:

950 S PINE ISLAND RD A150 SUITE 1008  
PLANTATION FLORIDA, 33324

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:

DEYANIRE GONZALEZ

Name

720 E COCO PLUM CIR # 8

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

|                   |                |              |
|-------------------|----------------|--------------|
| <u>PLANTATION</u> | <u>FLORIDA</u> | <u>33324</u> |
| City              | State          | Zip          |

STATE OF FLORIDA  
ALLIANCE FOR FLORIDA

2022 JUN 29 AM 8:51

LED

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

CLAUDIA ADELA OYUELA CAMPOS  
CALLE 116 # 71A 26 APT 205 EDI. LAGOS DE PONT  
BOGOTA. COLOMBIA

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TALLAHASSEE FLORIDA

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida 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.817.155, F.S.

CLAUDIA ADELA OYUELA CAMPOS  
Typed or printed name of signee

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