'Jul. i. 2200027581

# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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.

(((H22000226800 3)))



H220002268003ABCW

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

: FAST FILING

Account Number : I20200000030

: (786)346-8844

Fax Number

: (786)502-3694

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

Email Address: fusinger1@gmail.com

# FLORIDA LIMITED LIABILITY CO.

# Naturtek USA Group LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

T. BURCH

# Articles of Organization For Florida Limited Liability Company

#### Article I

The name of the Limited Liability Company is:

Naturtek USA Group LLC

#### Article II

The Street address of the principal office of the Limited Liability Company

9380 103rd St Lot 192 Jacksonville, FL. 32210

The mailing address of the Limited Liability Company is:

9380 103rd St Lot 192 Jacksonville, FL. 32210

# Article III

The purpose for which this limited Liability Company is organized is:

Any and all lawful business.

## Article IV

The effective date for this Limited Liability Company shall be:

07/01/2022

#### H220002268003

### Article V

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

Julia Sanchez

9421 SW 123 Ave MIAMI, FL: 33186

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 statues 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

#### Article VI

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

Title: AMBR Walter Fernando Ceron Contreras 9380 103rd St Lot 192 Jacksonville, FL. 32210

Title: AMBR Diana Marcela Lozano 9380 103rd St Lot 192 Jacksonville, FL. 32210

Walter Founds Coross Contrans

٤

Signature of member or an authorized representative

Printed Name