

7/11/22, 12:50 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
 Account Number : 104512000707  
 Phone : (305)803-2736  
 Fax Number : (305)646-1527

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

Email Address: \_\_\_\_\_

RECEIVED  
 2022 JUL 11 PM 2:00  
 CORPORATION'S  
 COMMERCIAL  
 DIVISION

**FLORIDA LIMITED LIABILITY CO.  
 TORREZ UNION, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2022 JUL 11 AM 3:24  
 FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TORREZ UNION, 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:

Mailing Address:

570 NW 109 AVENUE
APT #4
MIAMI, FL. 33172

570 NW 109 AVENUE
APT #4
MIAMI, FL. 33172

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:

EDGARDO F. TORREZ ROCHA
Name

570 NW 109 AVENUE, APT #4
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33172
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..

\* Ed Gardo Torrez AMBA
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2022 JUL 11 AM 3:24

