L22000)311924
(Requestor's Name) (Address) (Address)	300390251733
(City/State/Zip/Phone #)	S. CHATHANA JUL 15 2022
Certified Copies Certificates of Status	RECEIVED 2022 JUL 14 PH 4:06 ATLAHASSEE, 471
Office Use Only	22 JUL 14 PH 8: 28

FLORIDA CABITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM TH	IE ACCO	UNT: 120210000160 AMOUNT: \$125.0)0
AUTHORIZED SIGNATURE		lano fellin	
AGUAYO & ARTURO MIAMI	LLC		

BUSINESS

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DOCUMENT #

____ Walk in

____ Mail out

____ Photocopy

____Certified Copy of Articles of Incorporation

____ Certificate of Status

NEW FILINGS

Profit Not for Profit X_Limited Liability Domestication Other CORP

OTHER FILINGS

____Annual Report

Fictitious Name

____APOSTILLE ()

Country

EXAMINER'S INITIALS:_____

22 JUL 14 PH 8: 28

AMMENDMENTS

- Amendment
- ____Resignation of R.A. Officer/Director ____Change of Registered Agent
 - ____Dissolution/Withdrawal
- ____Merger
- <u>Conversion</u>

Revocation REGISTRATION/QUALIFICATIONS

___Foreign filing ____Limited Partnership ____Reinstatement

___Other

____ Pick up time_____

____ Will wait

 FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

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BUSINESS	DOCUMENT #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles of In	corporation
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	
Not for Profit	Resignation of R.A. Officer/Dir
_X_Limited Liability	Change of Registered Ag
Domestication	Dissolution/Withdrawal
Other	Merger
CORP	Conversion
OTHER FILINGS	Revocation <u>REGISTRATION/QUALIFICATIONS</u>
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTILLE ()	Other
Country	



TO: New Filing Section Division of Corporations

Aguayo & Arturo Miami LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN E DELLOCA

Name of Person

MDELL CONSULTING CORP

Firm/Company

848 BRICKELL AVE STE 1130

Address

MIAMI, FL, 33131

City/State and Zip Code

MDELLOCA@MDELLCONSULTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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Aguayo & Arturo Miami 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:

848 BRICKELL AVE	848 BRICKELL AVE
STE 1130	STE 1130
MIAMI, FL, 33131	MIAMI, FL, 33131

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:

BLUEMAX PARTN	ERS CORP	
	Name	
848 BRICKELL AV	E STE 1130	
Florida street addres	s (P.O. Box <u>NOT</u> acce	ptable)
	FLORIDA	33131
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.

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 JUL 14 PH 8: 29

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	Eva Maria Morcillo Clemente 848 BRICKELL AVE STE 1130 MIAMI, FL, 33131

(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.

REOUIRED SIGNATURE:

mcRill ()ca

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 22 JUL 14 PH 8: 28 constitutes a third degree felony as provided for in s.817.155, F.S.

MARTIN E DELLOCA

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)