Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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| Can 11 | Address: | | | |
|--------|------------|--|--|--|
| | ALIAN COO. | | | |

FLORIDA LIMITED LIABILITY CO. YEGUA, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | | | |
|--|---|--|--|--|--|--|
| Yegua, LLC | | | | | | |
| (Must end with the words "Limited Liability Company, "Limited | d Company" or their abbreviation "LLC," or "L.C.,") | | | | | |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: | | | | | |
| Principal Office Address: | Mailing Address: | | | | | |
| 2000 Salzedo St., PH 18 | 2000 Salzedo St., PH 18 | | | | | |
| Coral Gables, FI 33134 | Coral Gables, Fl 33134 | | | | | |
| (The Limited Liability Company cannot serve as its own Registor business entity with an active Florida registration.) The name and the Florida street address of the revenue and the Florida registration.) | egistered agent are: artners, LLC | | | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | | | |
| Coral Gables City, State, ar | FL 33134 | | | | | |
| Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per | ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and level agent as provided for in Chapter 608. E.S. | | | | | |

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title: "MGR" = Manager | Name and Address: |
|---|---|
| "MGRM" = Managing Member | |
| MGRM | Ximena Ojeda Basurto |
| **** | 2000 Salzedo Street, PH 18 |
| | Coral Gables, Florida 33134 |
| Member | XOB Holdings LLC |
| | 2000 Salzado Street, PH 18 |
| | Coral Gables, Florida 33134 |
| | |
| 4-4-4-4 | |
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| | |
| | e date of filing: July 20, 2022 (OPTIONAL) be specific and cannot be more than five business days prio |
| REQUIRED SIGNATURE: | ~ |
| Signature of a memb | ner of an authorized representative of a member. |
| (In accordance with se of this document const that the facts stated | ection 608.408(3), Florida Statutes, the execution affirmation under the penalties of perjury herein are true.) |
| | Ximena Ojeda Basurto yped or printed name of signee |
| T | yped or printed name of signee |
| | |
| Filing Fees: | |
| Filing Fees: \$125.80 Filing Fee for Articles of Orgon Registered Agent \$ 30.00 Certified Copy (Optional) | PH 12: 35 |