

L22000342881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

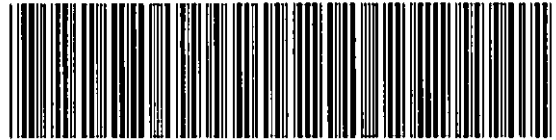
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. CHATHAM  
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# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 8/04/2022

**\*\*WALK IN\*\***

ENTITY NAME STREAMART LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting:* \_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 125.00

ACCOUNT # 120160000072

Please call Tina at the above number for any issues or concerns. *Thank you so much!*

**ARTICLES OF ORGANIZATION  
OF  
STREAMART LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, pursuant to Chapter 605 of the Florida Statutes, hereby makes, acknowledges and files the following Articles of Organization (the "Articles").

**ARTICLE I. NAME**

The name of the limited liability company is Streamart LLC (the "Company").

**ARTICLE II. MAILING AND STREET ADDRESS**

The mailing address and street address of the principal office of the Company shall be 413 Blue Road, Coral Gables, Florida 33146.

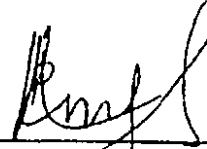
**ARTICLE III. REGISTERED AGENT AND OFFICE**

The name of the initial registered agent and the street address of the registered office of the Company in the State of Florida is NRAI Services, Inc., 1200 South Pine Island Road, Broward County, Plantation, Florida 33324.

**ARTICLE IV. MANAGEMENT**

The Company shall be a manager-managed limited liability company and shall be managed in accordance with the operating agreement adopted by the members for the management of the business and affairs of the Company. The initial managers of the Company shall be Eugenio Monge, 413 Blue Road, Coral Gables, Florida 33146, and Alfredo Monge Macaya, 413 Blue Road, Coral Gables, Florida 33146.

IN WITNESS WHEREOF, the undersigned has made and subscribed to these Articles of Organization on August 3, 2022.



\_\_\_\_\_  
Name: Eugenio Monge  
Authorized Representative

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### ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in that capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent as provided for in Chapter 605, F.S.

Dated: August 4, 2022.

Registered Agent:

NRAI Services, Inc.

By: [Signature]  
Print Name: Elizabeth Crawford Assistant Secretary  
Authorized Representative

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