

L22000350087

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.

Account Number : 104076000124

Phone : (305)476-7100

Fax Number : (305)476-7102

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

Email Address: abazo@rascoklock.com

2022 AUG 10 AM 8:01
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

FLORIDA LIMITED LIABILITY CO.

ARI4, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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22 AUG 10 PM 12:35
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

In compliance with Chapter 605, F.S. (Limited Liability Company Act)

ARTICLE I- NAME: The name of the Florida limited liability company is:
ARI4, LLC.

ARTICLE II- ADDRESS: The principal and mailing address of the limited liability company is: 7500 NW 25th Street Suite 246 Miami FL 33122.

ARTICLE III- PURPOSE: The limited liability company shall any and all lawful purposes and members and managers may consider from time to time.

ARTICLE IV- REGISTERED AGENT: The name and address of the registered agent of the limited liability company is:
TRANSWORLD BUSINESS MANAGEMENT, LLC
2555 Ponce de Leon Blvd., Suite 600
Coral Gables FL 33134

ARTICLE V- MANAGERS: The name and address of person(s) authorized to manage the limited liability company:

Manager- MASERA, Matias Oscar

Manager- BARREDA LARREA, Francisco Javier

All managers shall have this address: 7500 NW 25th Street Suite 246 Miami FL 33122

ARTICLE VIII- AUTHORIZED REPRESENTATIVE: The name and address of the Authorized Representative is:
TRANSWORLD BUSINESS MANAGEMENT, LLC
2555 Ponce de Leon Blvd Suite 600
Coral Gables FL 33134

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Registered Agent

08/09/22

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Authorized Representative

08/09/22

Date

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STATE OF FLORIDA