

Florida Department of State
Division of Corporations
Electronic Filing Center Sheet
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LICENSES & PERMITS LLC
Account Number : I20210000155
Phone : (305)226-8727
Fax Number : (305)226-8767

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Cruzzepeda LLC

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

2022 AUG 15 AM 4: 48

STATE
SECRETARY
OFFICE

SECRETARY OF STATE
FALLAHASSEE, FL 32909

22 AUG 15 PM 2: 31

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Cruzzepeda LLC
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:

Lucia Estrella
Name of Person
Licenses & Permits LLC
Firm/Company
8300 W Flagler St Suite 114
Address
Miami, FL 33144
City/State and Zip Code
estelle.licenses114@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucia Estrella 305 226-8727
Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

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

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cruzzepeda 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:

2795 NW 17th Ave
Miami, Fl 33142

Mailing Address:

2795 NW 17th Ave
Miami, Fl 33142

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:

Melvin Y Cruz Nunez
Name

2795 NW 17th Ave
Florida street address (P.O. Box NOT acceptable)

Miami Fl 33142
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.

Melvin Y Cruz Nunez
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

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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

Melvin Y Cruz Nunez
2795 NW 17th Ave
Miami, Fl 33142

(Use attachment if necessary)

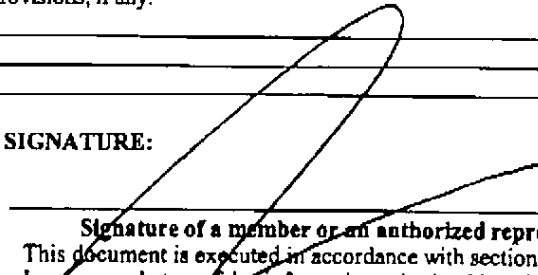
ARTICLE V: Effective date, if other than the date of filing: August 12, 2022 (OPTIONAL)

(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.

REQUIRED SIGNATURE:



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 constitutes a third degree felony as provided for in s.817.155, F.S.

Melvin Y Cruz Nunez

Typed or printed name of signee

SECRETARY OF STATE
ALLIANCE
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent