Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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

FLORIDA LIMITED LIABILITY CO. WTJ INVESTMENTS GROUP LLC

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SUBJECT	. WTJ INVES	STMENTS GROUP LLC							
55-7-5		Name of Lim	ited Liabil	ity Company					
The enclos	ed Articles of (	Organization and fee(s) are	submitted	for filing.					
Please retu	rn all correspo	ndence concerning this mal	tter to the f	following:					
	DIEGO FIGU	JEROA							
			Name of	Person					
	E&FLATIN	N GROUP LLC							
			Firm/Co	nıpany			-		
	1820 N COR	PORATE LAKES BLVD	SUITE 109	9					
		<del> </del>	Addr	TCS\$		<del></del>			
	WESTON FL	_ 33326							
			•	d Zip Code					
		ATINACCOUNTING.CO -mail address: (to be used		annual tenart n	notification)				
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## ARTICLES OF ORGANIZATION FUR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE 1 - Name:

The name of the Limited Liability Company is:

WIJ INVESTMENTS GROUP 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:

2200 S. OCEAN LN, APT 602 FORT LAUDERDALE, FL 33316 2200 S. OCEAN LN, APT 602 FORT LAUDERDALE, FL 33316

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:

E & F LATIN GROUP LLC

Name

1820 N CORPORATE LAKES BLVD SUITE 109

Florida street address (P.O. Box NOT acceptable)

WESTON FLORIDA 333
City State Zip

Having been numed 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

	Name and Address:	
	uthorized Member	
"MGR" – Man	nager	
MGR	GLORIA ROSENBERG S.	
	2200 S. OCEAN LN, APT 602	
	FORT LAUDERDALE, FL 33	316
MGR	STEFANO ZIROTTI	
	2200 S. OCEAN LN. APT 602	
	FÖRT LAUDERDALE. FL 33	316
MGR	ANTONELLA ZIROTTI	
	2200 S. OCEAN LN. APT 602	
	FORT LAUDERDALE, FL 33	316
MGR	GIANFRANCO ZIROTTI	
	2200 S. OCEAN LN, APT 602	<del></del>
	FORT LAUDERDALE, FL 33	316
Mective date is listed of filing.)  If the date inserted current's effective or the series of the se	edate, if other than the date of filing: 08/25/2022  Isted, the date must be specific and cannot be more than five ted in this block does not meet the applicable statutory filing reve date on the Department of State's records.	: business days prior to or 90 days after
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	Signature of a member or an authorized representa	ative of a member.
	Signature of a member or an authorized representa This document is executed in accordance with section 605.0	203 (1) (b) Florida Statutes- C
	Signature of a member or an authorized representa	1203 (1) (b), Florida Statutes:
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