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

From:  
Account Name : CLARA GIRALDO ENROLLED AGENT  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

\*\*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.  
LUISA HERNANDEZ, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2022 SEP - 1 PM 1:31

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INDEXED

Second Request

2022 SEP - 1 AM 9:00

ED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
LUISA HERNANDEZ, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**LUISA HERNANDEZ, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**2625 SW 183 AVE  
MIRAMAR, FL. 33029**

The mailing address shall be:

**2625 SW 183 AVE  
MIRAMAR, FL. 33029**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

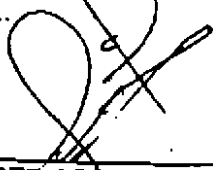
The name and the Florida street address of the registered agent are:

**LUISA HERNANDEZ**

**2625 SW 183 AVE**  
Florida Street address (P.O.BOX **NOT** acceptable)  
**MIRAMAR, FL. 33029**  
City, State, and Zip

2022 SEP - 1 AM 9:00  
STATE OF FLORIDA  
COUNTY OF MIAMI  
EB

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.



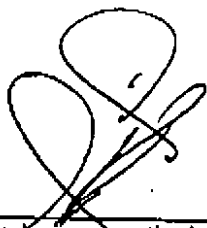
**REGISTERED AGENT'S SIGNATURE**

**ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**LUISA HERNANDEZ  
2625 SW 183 AVE  
MIRAMAR, FL. 33029**

**AMBR**



**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**LUISA HERNANDEZ**

2022 SEP -1 AM 9:00  
STATE OF FLORIDA