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From: Yanet Avila

9/6/22, 12:37 PM

Florida Department of State

Division of Corporations

Florida Department of State

Division Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

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

| Ema13 | Address:  |  |  |  |
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|       | MUUI COO. |  |  |  |

## FLORIDA LIMITED LIABILITY CO. 37 SEAGATE BLVD, LLC

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

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To:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| 37 Scagete Blvd, LLC  |  |
|---|--|
| (Must end with th   | 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:   |
| 607 SW 130 PL   | 607.SW 130 PL  |
| Mlami, FL 33184   | Minml El 22404   |
| ARTICLE III - Registered Agent, Re<br>The Limited Linbility Company canno   | ristered Office, & Registered Agent's Signature:   |
| ARTICLE III - Registered Agent, Re<br>The Limited Liability Company canno<br>nother business entity with an active I  | ristered Office, & Registered Agent's Signature:<br>serve as its own Registered Agent. You must designate an individua<br>orida registration.)                                   |
| ARTICLE III - Registered Agent, Re<br>The Limited Liability Company canno<br>nother business entity with an active I  | ristered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individua orida registration.) of the registered agent are:            |
| ARTICLE III - Registered Agent, Re<br>The Limited Liability Company canno<br>nother business entity with an active I<br>he name and the Florida street address      | ristered Office, & Registered Agent's Signature:<br>serve as its own Registered Agent. You must designate an individua<br>orida registration.)<br>of the registered agent are:   |
| ARTICLE III - Registered Agent, Re<br>The Limited Liability Company canno<br>nother business entity with an active I<br>he name and the Florida street address      | ristered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual orida registration.) of the registered agent are: elra Name |
| ARTICLE III - Registered Agent, Re The Limited Linbility Company canno nother business entity with an active I he name and the Florida street address English Carba | ristered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual orida registration.) of the registered agent are: elra Name |
| ARTICLE III - Registered Agent, Re The Limited Linbility Company canno nother business entity with an active I he name and the Florida street address English Carba | ristered Office, & Registered Agent's Signature: serve as its own Registered Agent. You must designate an individual orida registration.) of the registered agent are: elra Name |

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 (REQUIRED)

(CONTINUED)

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From: Yanet Avila

To:

| <u>Citle:</u>  | Name and Address:  |
|--|--|
| AMBR" = Authorized Member  |  |
| MGR" = Manager   |  |
| MGR  | Enelda Carbaileira   |
|  | 007 STV 130 FL   |
|  | Mlami, FL 33184  |
| AMBR   | Alberto Carballeira  |
|  | 607 SW 130 PL  |
|  | Miami, FL 33184  |
| •  | •  |
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|  |  |
| •  | to date of filing: August 16, 2022 (OPTIONAL)  |
| V: Effective date, if other than the tive date is listed, the date must filling.)  | to date of filing: <u>August 16, 2022</u> . (OPTIONAL)  be specific and cannot be more than five business days prior to or 9   |
| V: Effective date, if other than the tive date is listed, the date must filling.)  |  |
| V: Effective date, if other than the tive date is listed, the date must filling.) VI: Other provisions, If any.  |  |
| V: Effective date, if other than the tive date is listed, the date must filling.)  VI: Other provisions, if any.   | be specific and cannot be more than five business days prior to or 9   |
| V: Effective date, if other than the tive date is listed, the date must filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of (In accordance with sectionstitutes an affirmation I am aware that any false | f a member or an authorized representative of a member. ion 605.0203 (1) (b), Plorida Statutos, the execution of this document a under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State  |
| tive date is listed, the date must filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of (In accordance with sectionstitutes an affirmation I am aware that any false                                      | f a member or an authorized representative of a member.  ion 605.0203 (1) (b), Plorida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.) |

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