Florida Department of State

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. ISITA INVESTMENT LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
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COVER LETTER

| TO: | New Filing Sect Division of Corp | | | | |
|-----------|---|--|---|--|-------|
| SUBJE | | ESTMENT LLC | | | |
| SUBJE | .c | Name of Lin | nited Liability Company | | |
| The end | closed Articles of (| Organization and fee(s) ar | e submitted for filing. | | |
| Please t | etum all correspo | ndence concerning this ma | atter to the following: | | |
| | DIEGO FIGL | JEROA | | | |
| | | | Name of Person | | |
| | E & F LATIN | GROUP LLC | | | |
| | | | Firm/Company | | |
| | 1820 N CÓR | PORATE LAKES BLVD | SUITE 109 | | |
| | | | Address | | |
| | WESTON FL | . 33326 | | | |
| | | | ity/State and Zip Code | | |
| | | ATINACCOUNTING.CO | | | |
| | E | -mail address; (to be used | for future annual report notificati | ion) | |
| For furth | er information con | cerning this matter, please | e call: | | |
| | DIEGO FIGU | EROA 95 | 384 8565 | | |
| | Name | of Person A | rea Code Daytime Telephon | e Number 22 | |
| Enclose | ed is a check for th | e following amount: | | SE | |
| | | - | Often on Eller Err 6. | □\$160.00 Filing Fee, # | · · · |
| L3123 | 5.00 Filing Fee | ■\$130.00 Filing Fcc & Certificate of Status | ☐\$155.00 Filing Fcc & Certified Copy (additional copy is enclosed) | Certificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed) | |
| | Mailin | z Address | Street Address | 를 3 5 | |
| | | ling Section | New Filing Section Di | | |
| | | n of Corporations | The Centre of Tallaha | | |
| | P.O. Bo | ox 6327 ssee, FL 32314 | 2415 N. Monroe Stree Tullahassee, FL 3230 | | |
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ARTICLES OF ORGANIZATION FUR FLORIDA LIMITED LIABILITY COMPANY

| he name of the Limited Liability | у Сотрану із. | | |
|--|--|---|--|
| ISITA INVESTMEN | T LLC | | |
| (Must conta | in the words "Limited | Liability Company, "L. | L.C.," or "LLC.") |
| RTICLE II - Address: | | | |
| he mailing address and street ad | ldress of the principal o | office of the Limited Liz | ibility Company is: |
| Principa | l Office Address: | | Mailing Address: |
| | DDIVE | 1086 CI | REEKFORD DRIVE |
| 1086 CREEKFORD I | DKIVE | 1000 🕶 | |
| WESTON FL 33326 ARTICLE III - Registered Age The Limited Liability Company | nt, Registered Office, cannot serve as its own | & Registered Agent's | Signature: u must designate an individual o |
| WESTON FL 33326 ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a | nt, Registered Office, cannot serve as its own ctive Florida registration | & Registered Agent's Registered Agent. You | Signature: |
| WESTON FL 33326 ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a | nt, Registered Office, cannot serve as its own ctive Florida registration | & Registered Agent's n Registered Agent. You on.) | Signature: |
| | nt, Registered Office, cannot serve as its own ctive Florida registration | & Registered Agent's n Registered Agent. You on.) | Signature: |
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| WESTON FL 33326 ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a | nt, Registered Office, cannot serve as its own ctive Florida registration address of the registere DIEGO FIGUEROA 1820 N CORPORA | © Registered Agent's Registered Agent. You on.) d agent are: Name | Signature: u must designate an individual o |

Having heen 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..

<u>.</u>

(CONTINUED)

SEP 14 PH 12: 3

n .= .1 .0 ARTICLE IV-

| Title: | Name and Address: | |
|--|--|------|
| "AMBR" = Authorized Member "MGR" = Manager | | |
| AMBR | MARTHA DAVID VALLEJO | |
| AMDK | 1086 CREEKFORD DRIVE | |
| | WESTON FL 33326 | |
| | | |
| AMBR | MARIO VALLEJO 1086 CREEKFORD DRIVE | |
| | WESTON, FL. 33326 | |
| | WESTON, FE. 35320 | |
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