

L220 0039 7821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

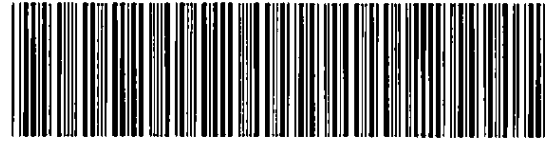
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/15/22--01010--004 **125.00

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STATE OF MASSACHUSETTS
FALL MASSACHUSETTS

2022 SEP 15 AM 11:48 2022 SEP 15 AM 11:04

CLERK OF COURT

D. O'KEEFE

SEP 15 2022

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVERBOSQUES CAPITAL 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:

7500 NW 25TH ST
SUITE 237
DORAL, FL 33122

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SUITE 237
DORAL, FL 33122

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:

JC Business Solutions Inc
Name

7500 NW 25th ST Suite 237
Florida street address (P.O. Box **NOT** acceptable)

Doral, Florida 33122
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2022 SEP 15 AM 11:46
STATE OF FLORIDA
TALLAHASSEE, FL 09107

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:

<u>MGRM</u>	JUAN C. FERNANDEZ-IBAZA 7500 NW 25th ST Suite 237 Doral, FL 33122
<u>MGRM</u>	ANDRES ISAZA-PEREZ 7500 NW 25th ST Suite 237 Doral, FL 33122
<u>MGRM</u>	ANDRES CEBALLOS ARANGO 7500 NW 25th ST Suite 237 Doral, FL 33122
<u>MGRM</u>	ALEJANDRO CEBALLOS-ARANGO 7500 NW 25th ST Suite 237 Doral, FL 33122
<u>MGRM</u>	NATALIA QUEVEDO-GONZALEZ 7500 NW 25th ST Suite 237 Doral, FL 33122

PLUM COUNTY OF FLORIDA
FALL 11/15/2022

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(Use attachment if necessary)

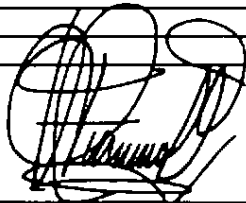
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)