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

Email Address: alonsoa@aapalaw.com

**FLORIDA LIMITED LIABILITY CO.
 BEREL USA I, LLC.**

Certificate of Status	1
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**ARTICLES OF ORGANIZATION OF
BEREL USA I, LLC.**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEREL USA I, LLC.

ARTICLE II - Address:

The initial mailing address and street address of the principal office of the Limited Liability Company is:

1500 BAY RD., # 666
MIAMI BEACH, FL 33139

ARTICLE III - Registered Agent and Registered Office

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

ELIZABETH M. BERTENS ALMARZA
1500 BAY RD., # 666
MIAMI BEACH, FL 33139

ARTICLE IV - Managers

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

<u>Title</u>	<u>Name and Address</u>
Manager	ELIZABETH M. BERTENS ALMARZA 1500 BAY RD., # 666 MIAMI BEACH, FL 33139
Manager	BLAS J. BUSTAMANTE ESCAYOL 1500 BAY RD., # 666 MIAMI BEACH, FL 33139

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 15 day of September, 2022.

Name: **BLAS J. BUSTAMANTE ESCAYOL**

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CLERK OF DISTRICT COURT
MIAMI COUNTY, FLORIDA

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(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. 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 Section 817.155, F.S.)


Name: **BLAS J. BUSTAMANTE ESCAYOL**

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(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. 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 Section 817.155, F.S.)

Signature of Registered Agent


Name: **BLAS J. BUSTAMANTE ESCAYOL**

2022 SEP 15 AM 7:30

OFFICE MAIL
11/11/2022

E.D