

L220000400244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

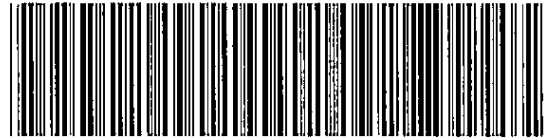
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700394655327

09/16/22 --01006--012 **130.00

DATE OF RECEIPT

2022 SEP 16 PM 2:18

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FILED

FILE

2022 SEP 16 PM 3:41

STATE

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Los Sacuanjoches LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Maria Celeste Mestre
IWPS
PO Box 830726
Miami, FL 33283
admin@iwps-latam.com

For further information concerning this matter, please call:

Maria Celeste Mestre at 305-408-9790

Enclosed is a check for the following amount:

<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed)
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Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES
OF
ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: **Los Sacuanjoches LLC**

ARTICLE II - Address:

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

Principal Office Address:

7101 SW 112 Place
Miami, FL 33173

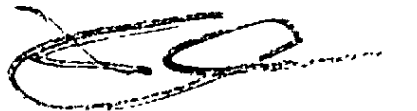
Mailing Address:

PO Box 830726
Miami, FL 33283

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

CA Corporate Services Inc.
7101 SW 112 Place
Miami, FL 33173

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)

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ARTICLE IV

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

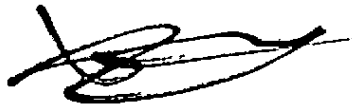
Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager "AR" = Authorized Representative	
MGR	Angela Cordoso Cleves PO Box 830726 Miami, FL 33283
MGR	Pablo Albir Sotomayor PO Box 830726 Miami, FL 33283

ARTICLE V:

Effective date: Date of filing:

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.



International Wealth Planning Solutions LLC

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2022 SEP 10 PM 3:41
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CLERK