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| Special Instructions to | o Filing Officer:                       |
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# **CORPORATE** ACCESS, \_\_\_

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INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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| 3.               | (CORPORATE NAME AND DO                    | CUMENT #) |      |       |  |  |  |  |
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| SPECIA<br>INSTRU | AL<br>UCTIONS:                            |           |      |       |  |  |  |  |
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# Articles of Organization For Florida Limited Liability Company

# Article I

The name of the Limited Liability Company is:

BLESSED4EVER, LLC

# **Article II**

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

12100 SW 1<sup>st</sup> Street Miami, FL 33184

The mailing address of the Limited Liability Company is:

12100 SW 1<sup>st</sup> Street Miami, FL 33184

The email address to receive notifications from the Florida Department of State is:

claudiaborges@me.com

#### **Article III**

The name and Florida street address of the registered agent is:

Claudia Borges 12100 SW 1<sup>st</sup> Street Miami, FL 33184

Having been named as registered agent and to accept service of the 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.

Registered agent signature: /s/ Claudia Borges

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SECRETARY OF STATE

# **Article IV**

The Limited Liability Company will be a manager-managed company. The name and address of person authorized to manage Limited Liability Company is:

Claudia Borges Title: Manager 12100 SW 1<sup>st</sup> Street Miami, FL 33184

Pavel Telleria Title: Manager 12100 SW 1<sup>st</sup> Street Miami, FL 33184 SECRETARY OF STATE DIVISION OF CORPORATIONS

Signature of member or an authorized representative: /s/ Claudia Borges

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.