

L22000408284

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000324538 3)))



H220003245383ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAW OFFICES OF SANDRA CLAVIJO
Account Number : 120200000073
Phone : (305)860-0901
Fax Number : (305)468-6275

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
PAAR ACQUISITIONS, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2022 SEP 20 11:15

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

22 SEP 20 PM 12:35

FILED

K

(((H22000324538 3)))

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

ARTICLE I: NAME

The name of the Limited Liability Company is: **PAAR ACQUISITIONS, LLC.**

ARTICLE II: ADDRESS

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

9000 Sheridan St. Ste 101
Pembroke Pines, FL, 33024

The mailing address of the Limited Liability Company is:

9000 Sheridan St. Ste 101
Pembroke Pines, FL, 33024

ARTICLE III: PURPOSE

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE VI: REGISTERED OFFICE AND AGENT

The name and the Florida street address of the Registered Office and Agent are:

LUCIA JOHANA QUESADA

811 Falls of Venice Cir.
Venice, FL 34292

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.



LUCIA JOHANA QUESADA
Registered Agent

(((H22000324538 3)))

(((H22000324538 3)))

ARTICLE IV: MANAGER(S) OR MANAGING MEMBER(S)

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

Title: MGRM
JUAN JOSE PAJON
9000 Sheridan St. Ste 101
Pembroke Pines, FL, 33024

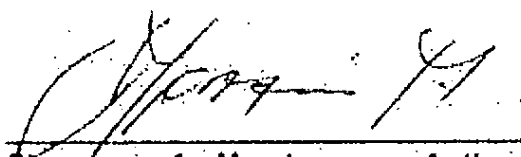
Title: MGRM
JOSE LUIS PAJON
9000 Sheridan St. Ste 101
Pembroke Pines, FL, 33024

Title: MGRM
JUAN CARLOS PAJON
9000 Sheridan St. Ste 101
Pembroke Pines, FL, 33024

Title: MGRM ARTICLE V: EFFECTIVE DATE

The effective date for this Limited Liability Company shall be:

September 19, 2022



Signature of a Member or an Authorized representative of a
Member **JUAN JOSE PAJON, MGRM**

FILED
22 SEP 20 PM 12:35
TALLAHASSEE, FLORIDA

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 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. 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.

(((H22000324538 3)))