

22000422513

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.

((H22000335349 3)))



H220003353493ABC+

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 : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)298-6579
Fax Number : (305)643-5225

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

Email Address: JOSHUA.TEZADA@SERVIUSACORP.COM

FLORIDA LIMITED LIABILITY CO.
eCloudNova LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 SEP 29 AM 10:20

22 SEP 29 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing

69K

H220003353443

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

eCloudNova 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:501 East Las Olas Boulevard Suite 300Suite 300Fort Lauderdale, FL 33301**Mailing Address:**501 East Las Olas Boulevard Suite 300Suite 300Fort Lauderdale, FL 33301**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:

SERVI USA CORP

Name

210 NE 45th StFlorida street address (P.O. Box **NOT** acceptable)OAKLAND PARKFL33334

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)

22 SEP 29 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H220003353443

H22000335349 3

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

AMBREsteban Javier Penncook Castro
501 East Las Olas Boulevard Suite 300
Fort Lauderdale, FL 33301AMBRConstantino Tercero Moreno Garbarino
501 East Las Olas Boulevard Suite 300
Fort Lauderdale, FL 33301AMBRAndrés Esteban Gaiardo Cardenas
501 East Las Olas Boulevard Suite 300
Fort Lauderdale, FL 33301AMBReCloudNova SpA
Las Camelias 2861 Dpto. 103 Providencia
Santiago, Region Metropolitana, Chile 7510144

(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.Constantino Moreno

Typed or printed name of signee

FILED
22 SEP 29 PM 12:35
TALLAHASSEE, FLORIDA

H22000335349 3