DOO 425920 Division of Corporations
Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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Division of Corporations

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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:\_\_\_\_\_GIANNA.SOLIS@GMAIL.COM

## FLORIDA LIMITED LIABILITY CO.

## Charma LLC

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ANTICLES OF ONGANIZA	TRANFORFLORIDA LIVILIED LIABILITY	CUMPANY
ARTICLE I - Name:		
The name of the Limited Liability Company i	is:	
C	Charma LLC	
	ds "Limited Liability Company, "L.L.C.,"	or "LLC.")
	• • • • • • • • • • • • • • • • • • • •	· <b>,</b>
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:	
10708 NW 77th Street	10708 NW 77th Stree	et
Doral, FL 33178	Doral, FL 33178	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve	red Office, & Registered Agent's Signatu	ire:
another business entity with an active Florida	a registration.)	esignate air motividual ()
The name and the Florida street address of the	e registered agent are:	
Gianna Solis		
	Name	
10708 NW 77th	Street	
	s (P.O. Box <u>NOT</u> acceptable)	
Doral	FL 33178	
City		
capacity. I further agree to comply with the of my duties, and I am familiar with and act and I am familiar with and act and I am familiar with I	ereby accept the appointment as registered .	agent and agree to act in this per and complete performance tered agent as provided for in
	Page 1 of 2	001 - 3 PH I2: 35
		∏

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<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager AMBR	Gianna Solis
	10708 NW 77th Street
	Doral, FL 33178
	***************************************
	-
<del></del>	
-	
V: Effective date, if other than the date	e of filing:
V: Effective date, if other than the date ctive date is listed, the date must be sp filing.)	e of filing:
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V: Effective date, if other than the date entire date is listed, the date must be sp filing.)  VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)  VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be sp filling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:	Docusioned by:  1404C41A842045F.  ember or an authorized representative of a member.
V: Effective date, if other than the date tive date is listed, the date must be sp filling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation u	ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date tive date is listed, the date must be sp filling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation u I am aware that any false in	ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. afformation submitted in a document to the Department of State
CV: Effective date, if other than the date ctive date is listed, the date must be sp of filing.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a menutor	ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.