## L22000427838

	(Requestor's Name)	
	(Address)	
		<u> </u>
	(Address)	
	(City/State/Zip/Phone #)	<u>.</u>
PICK-UP	WAIT	MAIL
	(Duamaga Entity Name)	
	(Business Entity Name)	
	(Document Number)	·
Certified Copies	Certificates of Sta	atus
		<del></del>
Special Instructions to	Filing Officer:	
1122-	124282	
•	• •	

Office Use Only



700395060877

OCT 5 2022 M. SOLOMON CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 978959 7950399
AUTHORIZATION :
COST LIMIT: \$ 25.00
ORDER DATE: September 28, 2022
ORDER TIME : 8:27 AM
ORDER NO. : 978959-005
CUSTOMER NO: 7950399
DOMESTIC FILING
NAME:
inversiones Sieuri Angel, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP  XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
- , .	
	1
Inversiones Sieuri Angel, LLC	
(Must conatin the words "Limited Liab	ility 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:	Mailing Address:
265 Sevilla Avenue	265 Sevilla Avenue

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:

Coral Gables, FL 33134

Jorge M. Vigil, PA	·	
	Name	
265 Sevilla Avenue		
Florida street addres	ss (P.O. Box <b>NOT</b> a	cceptable)
Coral Gables	FL	33134
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)

Coral Gables, FL 33134

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Manager	Silvia Rincon Angel c/o Jorge M. Vigil, PA 265 Sevilla Avenue, Coral Gables, FL 33134
(Use attachment if necessary)	<del>-</del>
effective date is listed, the date must te of filing.)	the date of filing: (OPTIONAL)  the specific and cannot be more than five business days prior to or 90 days  es not meet the applicable statutory filing requirements, this date will not be literated to State's records.
CLE VI: Other provisions, if any.	

Filing Fees:

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

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)



2022 OCT -- 4 PH 3: 57

This was a LIFT DA

## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2022

CSC

RESUBMIT

Please give original submission date as file date.

Letter Number: 322A00022057

SUBJECT: INVERSIONES SIEURI ANGEL, LLC

Ref. Number: W22000125493

We have received your document for INVERSIONES SIEURI ANGEL, LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

On last page no Typed or Printed Name of Signee. Signee should sign where indicated. Need signature in the appropriate space and typed signature below.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

www.sunbiz.org

Division of Comparations D.O. POV 6227 Tellaharasa Florida 22214

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2022

CSC

RESUBMIT

Please give original submission date as file date.

Letter Number: 022A00021850

SUBJECT: INVERSIONES ANGEL, LLC

Ref. Number: W22000124282

We have received your document for INVERSIONES ANGEL, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L22000162325.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

www.sunbiz.org