Laa006434804

•	(Requestor's Name)
{	(Address)
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	•
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
•	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Eiling Officer
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S. CHATHAM OCT 1 1 2022

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2022 OCT 10 PH 3: 43

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DIVISION OF CORPOTAL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TEAM STEEL LLC			
			
· · · · · · · · · · · · · · · · · · ·			_
			Art of Inc. File
	<u></u>		LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
o.g.ma.			Vehicle Search
			Driving Record
Requested by: SETH	10/07		UCC 1 or 3 File
Name		Time	UCC 11 Search
Natific	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick U	p	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street	address of the principal offi	ce of the Lir	nited Liability Company is:	
Principal Office Address:			Mailing Address:	
95 MERRICK WA CORAL GABLES			255 ARAGON AVENUE, 2ND FLOOR CORAL GABLES FL, 33134	22 (
ARTICLE III - Registered A (The Limited Liability Compart another business entity with an The name and the Florida street	ny cannot serve as its own R n active Florida registration.	egistered Ag	Agent's Signature: ent. You must designate an individual or	OCT 10 PM 3: 47
	ABITOS PLĻÇ		···········	7
	ì	Name		
	255 ARAGON AVENU			
	Florida street address (P.O. Box <u>N</u> O	<u>OT</u> acceptable)	
	CORAL GABLES	FL	33134	
	City	State	Zip	
			or the above stated limited liability compan	

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Me "MGR" = Manager	mber
-	WANTE DA O PURA GOLD
MGR	JUAN PABLO PERCOSSI AV. LIBERTADOR 7766 PISO 12
	BUENOS AIRES, ARGENTINA
	DUENUS AIRES, ARGENTINA
14600	
MGR	PAULA GABRIELA PERCOSSI AV. LIBERTADOR 7766 PISO 12
	DHENOS ADRE ADGENTINA
	DUENOS AIRES, ARCENTINA
MCD	MARIANA LAURA ALBERGATI
MGR	MARIANA LAGRA ALBIJACIATI
	MCAL. FCO SOLANO LOPEZ 3455 BUENOS AIRES. ARGENTINA
	DUENUS AIRES, ARGENTINA
<u></u>	
e of filing.) If the date inserted in this blo	te must be specific and cannot be more than five business days prior to or 90 days a ock does not meet the applicable statutory filing requirements, this date will not be liste Department of State's records.
<u> </u>	
<u>REOUIRED</u> SIGNATUR	E: Alleday
	Harley
Signa	ature of a member of an authorized representative of a member.
Sign: This docum	ature of a member of an authorized representative of a member. nent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
Signa This docum I am aware	ature of a member of an authorized representative of a member.
Signa This docum I am aware constitutes	ature of a member of an authorized representative of a member, ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.
Signa This docum I am aware constitutes	nature of a member or an authorized representative of a member. ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State