

U22000440187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

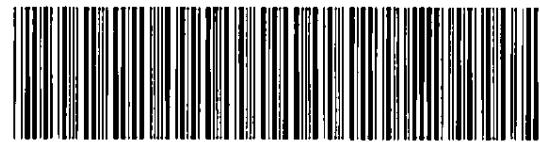
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/13/22

NAME: BENEDECIDOS PARA BENDECIR, LLC

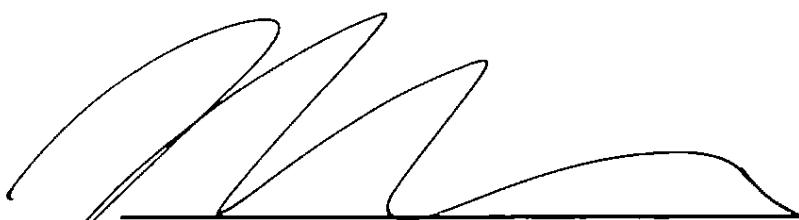
TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read "ABBIE/PAUL HODGE". The signature is fluid and cursive, with "ABBIE" on top and "PAUL HODGE" below it.

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Bendecidos Para Bendecir, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter M. Starling
Name of Person

Name of Person

Starling Law, P.A.
Firm/Company

First Company

599 9th Street N., #207
Address

Address

Naples, FL 34102
City/State and Zip Code

City/State and Zip Code

Peter@StarlingLawFL.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter M. Starling at (239) 302-6062
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bendecidos Para Bendecir, 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:

5425 Golden Gate Pkwy #4
Naples, FL 34116

Mailing Address:

5425 Golden Gate Pkwy #4
Naples, FL 34116

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.)

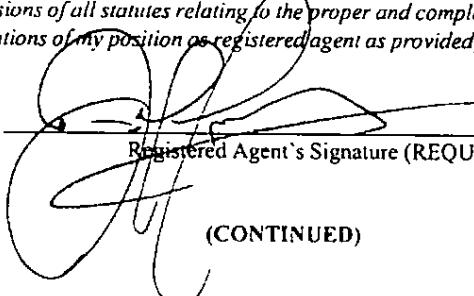
The name and the Florida street address of the registered agent are:

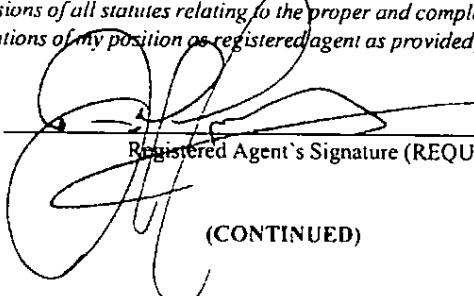
John Pineros
Name

5425 Golden Gate Pkwy #4
Florida street address (P.O. Box NOT acceptable)

Naples FL 34116
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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager

MGR

Name and Address:

John Pineros
3054 42nd Ave SW
Naples, FL 34116

MGR

Neder Antonio Aguilar Sanchez
4440 Botanical Plz Cir #204
Naples, FL 34112

(Use attachment if necessary)

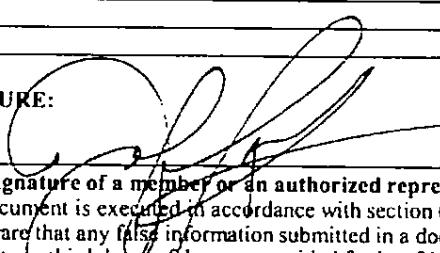
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

John Pineros
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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