

L22000459859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

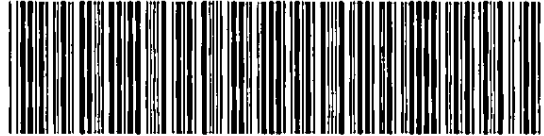
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100395778521

S. CHATHAM
OCT 27 2022

10/13/22--01003--019

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 27 AM 10:56

FILED
2022 OCT 13 PM 3:13

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

TRIMON LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF GOOD STANDING

CHECK# 9410 FOR: \$130.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2022

FLORIDA RESEARCH & FILING SERVICES, INC.

SUBJECT: TRIMON LLC
Ref. Number: W22000129655

We have received your document for TRIMON LLC. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 522A00023014

* RESUBMITTING
w/CORRECTIONS

2022 OCT 27 PM 1:35

URGENT

COVER LETTER

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

SUBJECT: TRIMON USA 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:

LUIS ANGEL BUITRAGO
Name of Person
CBA MIAMI LLC
Firm/Company
1600 PONCE DE LEON BLVD., STE 901
Address
CORAL GABLES, FL. 33134
City/State and Zip Code
jaime.reyes@cbamiamius.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLARA MONTEAGUDO 786 303-1578
Name of Person at () 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:

TRIMON USA 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:

1600 PONCE DE LEON BLVD., STE 901
CORAL GABLES, FL 33134

Mailing Address:

1600 PONCE DE LEON BLVD., STE 901
CORAL GABLES, FL 33134

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:

LUIS ANGEL BUITRAGO ALDANA

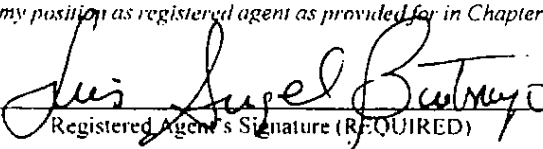
Name

1600 PONCE DE LEON BLVD., STE 901

Florida street address (P.O. Box **NOT** acceptable)

<u>CORAL GABLES</u>	<u>FL</u>	<u>33134</u>
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 OCT 27 AM 10:56

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

LUIS A. BUITRAGO
1600 PONCE DE LEON BLVD., STE 901
CORAL GABLES, FL 33134

MGR

JEISON A. CORTES
1600 PONCE DE LEON BLVD., STE 901
CORAL GABLES, FL 33134

MGR

JEIMY T. CORTES
1600 PONCE DE LEON BLVD., STE 901
CORAL GABLES, FL 33134

22 OCT 27 AM 10:56

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/21/2022 (OCT 24, 2022) (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.

WHOSALE AN DREATHL SALES OF AUTOMOVIL PARTS AND ACCESORIES

REQUIRED SIGNATURE:

Luis Angel Buitrago
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.

Luis Angel Buitrago
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)