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| (Re                     | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | dress)             |           |
| (Cit                    | ty/State/Zip/Phone | · #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
| 1 %                     | J. L. 1            |           |
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Office Use Only

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### **COVER LETTER**

|             | New Filing Sec<br>Division of Co |  |                |  |  |
|-------------|----------------------------------|--|----------------|--|--|
| SUBJEC      | LTORRES                          | , LLC  |                |  |  |
| SUBJEC      | ·                                | Name of Li                                   | mited Liabili  | ty Company                                     | <del></del>  |
| The enclo   | sed Articles of                  | Organization and fee(s) a                    | re submitted   | for filing.                                    |  |
| Please ret  | urn all correspo                 | ondence concerning this m                    | atter to the f | ollowing:                                      |  |
|             | YUDY SAN                         | ITANA  |                |  |  |
|             |                                  |  | Name of        | Person   |  |
|             |                                  |  |                |  |  |
|             |                                  |  | Firm/Co        | mpany  |  |
|             | 225 NW 61                        | AVENUE                                       |                |  |  |
|             |                                  |  | Addr           | ess  |  |
|             | MIAMI, FLO                       | ORIDA 33126                                  |                |  |  |
|             |                                  | (  | City/State an  | l Zip Code                                     |  |
|             | <u></u>                          | E-mail address: (to be used                  | for future a   | nnual report notificat                         | ion)   |
| For further | information co                   | ncerning this matter, pleas                  | e call:        |  |  |
|             | ORLANDO                          | ROMERO 3                                     | 05             | 5826957  |  |
|             | Nam                              | <del></del>                                  |                | Daytime Telephon                               | ne Number  |
| Enclosed    | is a check for t                 | he following amount:                         |                |  |  |
|             | 0 Filing Fee                     | ■\$130.00 Filing Fee & Certificate of Status | Certific       | 5.00 Filing Fee & ed Copy al 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

| LTORRES LLC   |  |  |   |  |
|---|--|--|---|--|
| (Must co  | ntain the words "Limited                                   | Liability Company, "L.                               | L.C.," or "LLC.")                                   |  |
| ARTICLE II - Address:<br>The mailing address and street   | address of the principal o                                 | ffice of the Limited Lia                             | ability Company is:                                 |  |
| <u>Princi</u>   | ipal Office Address:                                       |  | Mailing Addres                                      | <u>s</u> :   |
| LUIS TORRES   |  | 225 NW   | / 61 AVE. MIAMI, FL 3                               | 33126  |
| <del></del>   |  |  |   |  |
| ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an The name and the Florida street | ny cannot serve as its own<br>n active Florida registratio | Registered Agent. You<br>on.)                        | Signature:<br>I must designate an indiv             | 2022 OCT 26 PH 1: 17 2022 OCT 26 PH 1: 17 2022 OCT 26 PH 1: 17 |
|   | 225 NW 61 AVENU  | ı <b>F</b>   |   | 4 o  |
|   |  | ss (P.O. Box NOT acce                                | ptable)   | FE !   |
|   | MIAMI  | FLORIDA  | 33126   | ORIE ORIE  |
|   | City   | State  | Zip   | 7.   |
| Having been named as registere<br>place designated in this certifica<br>further agree to comply with the                | te, I hereby accept the app                                | ointment as registered a<br>elating to the proper an | ngent and agree to act in<br>d complete performance | this capacity. I of my duties, and I                           |

(CONTINUED)

ARTICLE IV-

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

| Title:   | Name and Address:   |
|--|---|
| "AMBK" = Au<br>"MGR" = Man   | norized Member  |
| MGR  | LUIS TORRES   |
| WOK  | 225 NW 61 AVENUE  |
|  | MIAMI, FL 33126   |
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|  | ēn J  |
| If an effective date is line date of filing.)  Note: If the date inserte | late, if other than the date of filing:   |
| ARTICLE V1: Other pro  | visions, if any.  |
| REOUIREDS  | 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.  Typed or printed name of signee |
|  | Types of printed hamb of highes   |

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)