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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : ACCOUNTING HEART LLC
Account Number : I20220000077
Phone : (954)673-6545
Fax Number : (954)827-3314

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Mtorres@accoheart.com

FLORIDA LIMITED LIABILITY CO.
VILLAMARGRANTIN LLC

Certificate of Status	0
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Page Count	03
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

VILLAMARGRANTIN LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2531 Liberty ST Hollywood, FL 33020

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

ALEJANDRA VILLAGRAN
2531 Liberty ST Hollywood, FL 33020

ARTICLE IV-

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

Title: MBR ALEJANDRA VILLAGRAN
2531 Liberty ST Hollywood, FL 33020

Required Signatures:

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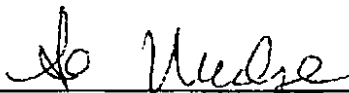
Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Alejandra Villagran

Typed or printed name of signee

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)**

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TALLAHASSEE, FLORIDA