Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000402348 3))) ·



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ťο:

Division of Corporations

Fax Number : (850)617-6381

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016 Phone : (954)903-4036 : (954)246-0340 Fax, Number

Enter the email address for this business entity to be used for future $\frac{\Delta z}{2\pi}$ annual report mailings. Enter only one email address please.**

Email	Address:	• .	 -	٠.		

FLORIDA LIMITED LIABILITY CO.

Incorporando International LLC

Certificate of Status	.0 .
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Fax: 19542460340

COVER LETTER

	v Filing Section ision of Corporations				•	• :	·		.,
SUBJECT:		Incorporando	o Internation	nal LLC		• • •			i
SUBJECT		Name of Limi	ited Liabilit	v Company		· · · · · · · · · · · · · · · · · · ·			
		Tranc of Lini	ACCIDIDANC	. Company	· · · .	• •	٠.		•
							•	•	
The enclosed	Articles of Organization	n and fee(s) are	submitted for	or filing.					
Please return	all correspondence conc	erning this mat	ter to the fo	llowing:			• •		
		Ludy	yn Fajardo ()uitian			· ,		
<u>-</u>			Name of P	erson					•
		. Incorpora	ndo Interna	iional LLC	, militaria de la composición de la co		-		
· · · · ·	· · · · · · · · · · · · · · · · · · ·		Firm/Com	ралу				-	
		328	Summerwo	od Dr			· . ·		-
· · · ·			Addres			•	· · · · · · · · · · · · · · · · · · ·		
,			, tudi es						•
		Pan	iáma Čity B	each					. ′
· . · -		Cit	ty/State and	Zip Code					٠.
		nathaly	cuartas@ta.	xcareinc.cor	n		· · · ·	. •	<u>.</u>
	-E-mail addre	ss: (to be used f	for future an	nual report n	otification	n)			
For further info	ormation concerning this	matter, please	call:			•		38	7
		1		. · .		. :		C C	. 2
	Nathaly Cuartas	25 at (54	9034036				HA!	₹
	. Name of Person		ea Code	Daytime To	elephone"	Number		SSE SSE	į
								ino.	=
Enclosed is a	check for the following	amount:						골까.	- 2
■\$125.00 F	iling Fee S130.00	Filing Fee & e of Status	Certified	00 Filing Fell Copy	·	□\$160.0 Certifica Certifica	ate of S		
			, ,		•	(additional		s enclo	sed
			٠		•				
	Mailing Address			treet Addré			•		٠.
	New Filing Section			ew Filing Se					
	Division of Corpora	ations	4	he Centre of 415 N. Moni					•
	P.O. Box 6327		ے۔	713 IV. (VIUI)	こうた ういじてし	JUNCOIV			

Tallahassee, FL 32314

· Tallahässee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	וכו	FI	- No	me

The name of the Limited Liability Company is:

INCORPORANDO INTERNATIONAL 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:	Mailing Address:
328 Summerwood Dr	328 Summerwood Dr
Panama City Beach	Panama City Beach
FL,32413	FL. 32413

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:

Tax car	e pembroke p	ines			<i>: </i>
		Name			
				•	• •
	Orange Dr ste		· · · · · · · · · · · · · · · · · · ·	·	- 27
Florida	street address	(P.O. Box <u>N</u>	T accepta	ble)	•
Davie	• . "	·	٠	22220	
Davie		FL .		33330 .	 .
	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)

SECRETARY OF STATE

From: Nathaly Cuartas

Fax: 19542460340 To: Agent Florida

Fax: (850) 617-6381

Page: 5 of 5

11/29/2022 4:01 PM

ART	CL	F.	IV.

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

		Name and Address:		
"AMBR" =	Authorized Member 🥏			
"MGR" = N	Manager			
		LIDVALEALADDO		
ambr	· · · · · · · · · · · · · · · · · · ·	LUDYN FAJARDO 328 Summerwood Dr		
		Panama City Beach,FL, 32413	<u></u>	
- <u>ambr</u>		LAURA PALACIOS		.*
		328 Summerwood Dr Panama City Beach, Fl. 32413		
		Fanama City Beach, F1,32413		•
<u>ambr</u>	<u> </u>	NICOLAS PALACIOS		** , ,
		328 Summerwood Dr		
		Panama City Beach, fl. 32413	******	
	• •		and the second	
				· · .
(Use attach	ment if necessary)			• • .
				· . ·
ARTICLE V. Effect	tive data it ather then the data.			
	tive date. If other than the date	of filing:	(OPTIONAL)	
(If an effective date i	is listed, the date must be spe	of filing: cific and cannot be more than five b	(OPTIONAL) ousiness days prior to or 90 d	lays after
(If an effective date i the date of filing.)	is listed, the date must be spe	cific and cannot be more than five b	usiness days prior to or 90 d	
(If an effective date in the date of filing.) Note: If the date ins	is listed, the date must be spe serted in this block does not m	cific and cannot be more than five b feet the applicable statutory filing req	usiness days prior to or 90 d	
(If an effective date in the date of filing.) Note: If the date ins	is listed, the date must be spe	cific and cannot be more than five b feet the applicable statutory filing req	usiness days prior to or 90 d	
If an effective date in the date of filing.) Note: If the date institute the document's effective date.	is listed, the date must be spe serted in this block does not me tive date on the Department of	cific and cannot be more than five b feet the applicable statutory filing req	usiness days prior to or 90 d	
If an effective date in the date of filing.) Note: If the date institute document's effective of the date.	is listed, the date must be spe serted in this block does not me tive date on the Department of provisions, if any.	cific and cannot be more than five be feet the applicable statutory filing req of State's records.	usiness days prior to or 90 d	
If an effective date in the date of filing.) Note: If the date institute document's effective of the date.	is listed, the date must be spe serted in this block does not me tive date on the Department of provisions, if any.	cific and cannot be more than five be feet the applicable statutory filing req of State's records.	usiness days prior to or 90 d	
If an effective date in the date of filing.) Note: If the date institute document's effective of the date.	is listed, the date must be spe serted in this block does not me tive date on the Department of provisions, if any.	cific and cannot be more than five be feet the applicable statutory filing req of State's records.	usiness days prior to or 90 d	
(If an effective date in the date of filing.) Note: If the date institute document's effective date.	is listed, the date must be spe serted in this block does not me tive date on the Department of provisions, if any.	cific and cannot be more than five be feet the applicable statutory filing req of State's records.	uirements, this date will not be	
(If an effective date in the date of filing.) Note: If the date institute document's effective document's effective date.	is listed, the date must be spe serted in this block does not me tive date on the Department of provisions, if any.	cific and cannot be more than five be feet the applicable statutory filing req of State's records.	uirements, this date will not b	
(If an effective date in the date of filing.) Note: If the date institute document's effective document's effective date.	is listed, the date must be spe serted in this block does not me tive date on the Department of provisions, if any.	cific and cannot be more than five be feet the applicable statutory filing req of State's records.	uirements, this date will not be seen as the seen as t	pe listed as
If an effective date in the date of filing.) Note: If the date institute document's effective document's effective via the date in the document's effective via the date in the document's effective via the date in	is listed, the date must be spectred in this block does not metive date on the Department of provisions, if any. D SIGNATURE:	cific and cannot be more than five beet the applicable statutory filing req	uirements, this date will not be seen as the seen as t	pe listed as
(If an effective date in the date of filing.) Note: If the date institute document's effective document's effective date.	is listed, the date must be specified in this block does not metive date on the Department of provisions, if any. D SIGNATURE:	cific and cannot be more than five before the applicable statutory filing required State's records.	uirements, this date will not be seen as the second	pe listed as
(If an effective date is the date of filing.) Note: If the date insthe document's effect the date in the document's effect the date in th	is listed, the date must be specified in this block does not metive date on the Department of provisions, if any. D SIGNATURE:	eific and cannot be more than five be feet the applicable statutory filing required state is records. State's records.	uirements, this date will not be seen a member.	pe listed as
(If an effective date in the date of filing.) Note: If the date institute document's effective document's effective date.	is listed, the date must be specified in this block does not metive date on the Department of provisions, if any. D SIGNATURE: Signature of a metal this document is executed.	eific and cannot be more than five be feet the applicable statutory filing required in State's records. Description of State's records. Description of State's records.	ve of a member. 22 NOV 29 AM 10 AM	pe listed as
(If an effective date in the date of filing.) Note: If the date institute document's effective document's effective date.	is listed, the date must be specified in this block does not metive date on the Department of provisions, if any. D SIGNATURE: Signature of a met This document is execute I am aware that any false	eific and cannot be more than five be feet the applicable statutory filing required in State's records. Togather or an authorized representative din accordance with section 605.020 information submitted in a document	ve of a member. ye of a member. 3 (1) (b), Florida Starutes. to the Department of State.	pe listed as
(If an effective date in the date of filing.) Note: If the date institute document's effective document's effective date.	is listed, the date must be specified in this block does not metive date on the Department of provisions, if any. D SIGNATURE: Signature of a met This document is execute I am aware that any false	eific and cannot be more than five be feet the applicable statutory filing required in State's records. Description of State's records. Description of State's records.	ve of a member. ye of a member. 3 (1) (b), Florida Starutes. to the Department of State.	pe listed as
(If an effective date is the date of filing.) Note: If the date insthe document's effect the date in the document's effect the date in th	is listed, the date must be specified in this block does not metive date on the Department of provisions, if any. D SIGNATURE: Signature of a met This document is execute I am aware that any false	eific and cannot be more than five be feet the applicable statutory filing required in State's records. Togather or an authorized representative din accordance with section 605.020 information submitted in a document	ve of a member. ye of a member. 3 (1) (b), Florida Starutes. to the Department of State.	pe listed as
(If an effective date is the date of filing.) Note: If the date insthe document's effect the date in the document's effect the date in th	is listed, the date must be specified in this block does not metive date on the Department of provisions, if any. D SIGNATURE: Signature of a met This document is execute I am aware that any false	weight and cannot be more than five best the applicable statutory filing required State's records. Togather or an authorized representative din accordance with section 605.020 information submitted in a document felony as provided for in s.817.155, I	ve of a member. ye of a member. 3 (1) (b), Florida Starutes. to the Department of State.	pe listed as
(If an effective date is the date of filing.) Note: If the date insthe document's effect the date in the document's effect the date in th	is listed, the date must be specified in this block does not metive date on the Department of provisions, if any. D SIGNATURE: Signature of a met This document is execute I am aware that any false	cific and cannot be more than five be feet the applicable statutory filing required in State's records. Togarde mber or an authorized representative din accordance with section 605.020 information submitted in a document felony as provided for in s.817.155; I	ve of a member. ye of a member. 3 (1) (b), Florida Starutes. to the Department of State.	pe listed as

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)