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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : ELITE PREMIUM INC
Account Number : I20220000167
Phone : (305)804-4426
Fax Number : (786)513-2828

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

Email Address: info@elite-premium.com.

2022 DEC -6 PM 3:06

FLORIDA LIMITED LIABILITY CO.
AREPA GOURMET USA LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$130.00

22 DEC -6 PM 12:35

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AREPA GOURMET 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:

MARIA LORENA ROJAS
Name of Person

ELITE PREMIUM INC
Firm/Company

9445 SW 40TH STREET, SUITE 108
Address

MIAMI, FLORIDA 33165
City/State and Zip Code

INFO@ELITE-PREMIUM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA LORENA ROJAS at (305) 804-4428
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)

22 DEC -6 PM 2:35

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:

AREPA GOURMET 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:	Mailing Address:
2811 N PINE ISLAND RD, UNIT 109	2811 N PINE ISLAND RD, UNIT 109
SUNRISE, FLORIDA 33322	SUNRISE, FLORIDA 33322

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:

ELITE PREMIUM INC
Name

9445 SW 40TH STREET
Florida street address (P.O. Box NOT acceptable)

MIAMI	FLORIDA	33165
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:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	ANDRES F LONDOÑO ARANGO 2811 N PINE ISLAND RD UNIT 109 SUNRISE, FLORIDA 33322
AMBR	EDWIN CASTILLO ORTEGON 2811 N PINE ISLAND RD UNIT 109 SUNRISE, FLORIDA 33322
AMBR	ISABEL C GIRALDO GONZALEZ 2811 N PINE ISLAND RD UNIT 109 SUNRISE, FLORIDA 33322

(Use attachment if necessary.)

ARTICLE V: Effective date, if other than the date of filing: 12/06/2022 (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.
ANY AND ALL LAWFUL BUSINESS

REQUIRED SIGNATURE:
ANDRES F LONDOÑO ARANGO
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.

ANDRES F LONDOÑO ARANGO
Typed or printed name of signee

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