

12/7/22, 2:12 PM

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Division of Corporations

Florida Department of State

Division of Corporations

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

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FLORIDA LIMITED LIABILITY CO.  
NATURE MILLS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NATURE MILLS, LLC.

**ARTICLE II - Address:**

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

Principal Office Address:

2025 NW 102 AVENUE, SUITE #112  
MIAMI, FLORIDA 33172

Mailing Address:

2025 NW 102 AVENUE, SUITE #112  
MIAMI, FLORIDA 33172

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

WORLD OFFICE & BUSINESS PLACE, INC.  
4995 NW 72nd Avenue, Suite 205  
Miami, Florida 33166

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

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**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

AMBR

Name and Address

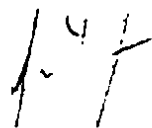
**GASTON LARROUX**  
2025 NW 102 AVENUE, SUITE #112  
MIAMI, FLORIDA 33172

AMBR

Name and Address

**TELMO N CONTRERAS**  
2025 NW 102 AVENUE, SUITE #112  
MIAMI, FLORIDA 33172

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of member or an authorized representative of a member

(In accordance with section 605.023 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

GASTON LARROUX

\_\_\_\_\_  
Typed or printed name of signer

REC'D  
AMBR  
12/07/22

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