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Division of Corporations

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Account Number : I20000000019

Phone : (305)552-5973

Fax Number

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FLORIDA LIMITED LIABILITY CO. 12VOLTMIAMI LLC.

Certificate of Status	1
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY Effective Date 1/1/23

ARTICLE I - Name:

The name of the Limited Liability Company is:

12 VOLTMIAMI LLC.		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:	l Liability	,
10775 SW 190 STREET UNITZI		
MIAMI, PL 33157.		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Liv. Company cannot serve as its own Registered Agent. You must designate an individual or another business untwith an active Florida registration.)	tes' Liability ity	
Fernando Cosme III		
10775 SW 190 STREET UNIT 21		
MIAMI, FL 33157.		22 D
ARTICLE IV The name and title of each person authorized to manage and control the 1.	mited	
Liability Company: (MGR or AMBR)		[] [] []
Fernando Cosme III (AMBR)		<u>زر)</u>
10775 SW 190 STREET UNITZI		
M: AM: , PL 33157.	<u> </u>	
	.	

Required Signatures:

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.

Fernando Cosme 111

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)