, Page: 2 of 4 2022-12-29 17:23:25 GMT To: 13053284774 From: Yanet Avila



Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email	Address:			

FLORIDA LIMITED LIABILITY CO.

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\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF	ORGANIZATION	FOR FLORIDA LIMTI	ED LJABILITY COMPANY	
ARTICLE 1 - Name:				
The name of the Limited Liability	Company is:			
SA.MIA LLC	<u></u>		<u> </u>	_
(Must conta	in the words "Lim	ited Liability Compar	ıy, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the princi	pal office of the Limi	ted Liability Company is:	
Principa	i Office Address:		Maritim Addison	
T Hr tha	TOTALCE AddI 1885.		Mailing Address:	
13893 SW 62ND TEF	RACE			_
MIAMI, FL 33183		<u>S</u>	AME	_
				-
ARTICLE III - Registered Age	nt. Registered Off	fice, & Registered A	gent's Signature:	
(The Limited Liability Company)	cannot serve as its	own Registered Ager	it. You must designate an individual or	
another business entity with an ac	tive Florida regist	ration.)		
The name and the Florida street a	ddress of the repis	tered agent age:		
	PAUL SANCHE		 _	
		Name		
	13893 SW 62NE	TERRACE		
	Florida street ad	dress (P.O. Box <u>NO</u>)	[acceptable)	
	MIAMI	FL.	33183	

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 diates, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

State

City

/s/ Paul Sanchez
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	PAUL SANCHEZ 13893 SW 62ND TERRACE MIAMI, FL 33183	
AMBR	LUIS AMAYA 13893 SW 62ND TERRACE MIAMI, FL 33183	
	late of filing: 01/01/2023 (OPTIONA	
LEV: Effective date, if other than the d fective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior or meet the applicable statutory filing requirements, this date	to or 90 day
LE V: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does no	specific and cannot be more than five business days prior or meet the applicable statutory filing requirements, this date	to or 90 day
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