Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.

PALÓMA & GONZALEZ FAMILY INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Help

ARTIQUES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company is:		
<u>Palor</u>	12 E Gonzalez ust contain the words "Limited Limbility Co	Family Investments LLC	<u>ت</u>
ARTICLE II - Address The mailing address and	street address of the principal office of the	Limited Liability Company is:	
ļ	rincipal Office Address:	Mailing Address:	
1300 Mian	V SW 118 Street	13000 SW 118 Street Miami, El 53/86	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limite

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

Alfjandra Gonzald Z

Name

13000 SW 118 Street

Florida street address (P.O. Box NOT acceptable)

Miami F1 33180

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..

CONTINUED

(CONTINUED)

23 JAH - 5 PHI2: 35

ARTICLE	IV-	
The name of	nd address of each person authorized to manage and control the Limited Liability Company:	
Title: "AMBR" =	Name and Address: Authorized Member	
"MGR" A	MBR Alyandra Conzalez 13000 Sty 118 Start Mami Fl 33156	
_An	18R) 2012a 62 13000 500 118 500 F	
ARTICLE V: Effecti (If an effective date is the date of filing.) Note: If the date inse	ment if necessary) we date, if other than the date of filing: 1/3/2023 (OPTIONAL) listed, the date must be specific and cannot be more than five husiness days prior to or 90 day arted in this block does not meet the applicable statutory filing requirements, this date will not be level date on the Department of State's records.	
REQUIRE	SIGNATURE:	- -
NEWETHER	Signature of a thember or an authorized representative of a member. This document is executed in accordance with section 605.0201(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.\$17.155, F.S. Alianalization anne of signee	23 J.A.H -
\$ 30.00 Ce	Filing Fees: Ing Fee for Articles of Organization and Designation of Registered Agent ortified Copy (Optional) crificate of Status (Optional)	5 FHI2: