1/30/23, 10:39 AM

Division of Corporations

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Division of Corporations Electronic Filing Cover Sheet

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Email Address:

FLORIDA LIMITED LIABILITY CO. ZEKA FERRETERIAS LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
ZEKA FERRETERIAS LLC (Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office o	the Limited Liability Company is:
Bringing Coffee Address	Mailing Address:
Principal Office Address:	
11717 SW 253RD ST	SAME

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

GABRIELA HELEN	IA DE SOUSA FER	REIRA
**************************************	Name	
11717 SW 253RD S	Γ	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
HOMESTEAD	FL	33032
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..

Jabriele De Sousce
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company;

AMBR = Authorized Member **MGR** = Manager AMBR GABRIELA HELENA DE SOUSA FERREIRA 11717 SW 253RD ST HOMESTEAD, FL 33032 **COPTIONAL** an effective date is, if other than the date of filing:	"AMBR" = At			
(Use attachment if necessary) ETICLE V: Effective date. If other than the date of filing:	## 4CID# - \$ (
(Use attachment if necessary) RTICLE V: Effective date. If other than the date of filing:	"MGK" = Mar	nager		
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(Use attachment if necessary) TCLE V: Effective date. if other than the date of filing:				
REOURED SIGNATURE: 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.317.155, F.S. GABRIELA HELENA DE SOUSA FERREIRA Typed or printed name of Registered Agent Signatore of Organization and Designation of Registered Agent Signatore of Organization and Designation of Registered Agent Signatore of Articles of Organization and Designation of Registered Agent				<u></u>
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