

L23000049636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

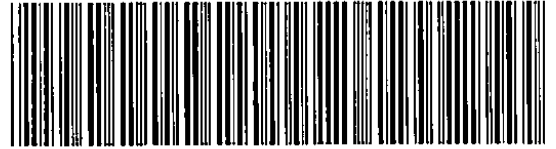
(Business Entity Name)

(Document Number)

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FEB - 2 2023

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 FEB - 1 PM 5:45

02/01/23--01013--013 \*\*1

DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 FEB - 1 PM 2:42

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 02//2023

☐ **CERTIFIED COPY** \_\_\_\_\_  
**xx** **PHOTOCOPY** \_\_\_\_\_  
☐ **CUS** \_\_\_\_\_  
**xx** **FILING** LLC \_\_\_\_\_

1. SIRAGALA LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**2023 FEB - 1 PM 5:45  
SECRETARY OF STATE  
TALLAHASSEE, FL**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SIRAGALA LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**9000 Sheridan Street, Ste 138  
Pembroke Pines, FL 33024**

**Mailing Address:**

**9000 Sheridan Street, Ste 138  
Pembroke Pines, FL 33024**

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

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

**RCG Accounting & Associates, Inc.  
9000 Sheridan Street, Ste 138  
Pembroke Pines, FL 33024**

*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.*

*Deborah Rios*                      (digital signature)

\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Members/Managers**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

DANZONERA LLC.  
9000 Sheridan Street, Ste 138  
Pembroke Pines, FL 33024

MGR

ANDRES GUTIERREZ MAYA  
9000 Sheridan Street, Ste 138  
Pembroke Pines, FL 33024

MGR

MARIA M. GUTIERREZ MAYA  
9000 Sheridan Street, Ste 138  
Pembroke Pines, FL 33024

MGR

PABLO R. GUTIERREZ MAYA  
9000 Sheridan Street, Ste 138  
Pembroke Pines, FL 33024

SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is January 31, 2023

REQUIRED SIGNATURE:

*Andres Gutierrez Maya*

(digital 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.817.155, F.S.

ANDRES GUTIERREZ MAYA

\_\_\_\_\_  
Typed or printed name of signee