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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA LIMITED LIABILITY CO. ICONIC SELLER LLC Certificate of Status 0 Certified Copy 1 03 Page Count Estimated Charge \$155.00

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Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LEABILITY COMPANY

be name or the Limited Li	ability Company is:		
ICONIC SELLI	ER LLC		
(Must	contain the words "Limited L	iability Compa	ny, "L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and str	et address of the principal off	fice of the Limi	ted Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
549 NE 6th PLACE		549 NE 6th PLACE	
FLORIDA CITY, FL 33034		<u>F</u>	LORIDA CITY, FL. 33034
	pany cannot serve as its own I		gent's Signature: n. You must designate an individual or
nother business entity with	an active Florida registration rect address of the registered a	Registered Ager .) agent are:	
nother business entity with	an active Florida registration rect address of the registered a DANIELA A. DOMIN	Registered Aget .) agent are: NGUEZ	
nother business entity with	an active Florida registration rect address of the registered a DANIELA A. DOMIN	Registered Ager .) agent are:	
nother business entity with	an active Florida registration rect address of the registered a <u>DANIELA A. DOMIN</u> 549 NE 6th PLACE	Registered Ager .) agent are: NGUEZ Name	nt. You must designate an individual or
nother business entity with	an active Florida registration rect address of the registered a DANIELA A. DOMIN	Registered Ager .) agent are: NGUEZ Name	nt. You must designate an individual or
nother business entity with	an active Florida registration rect address of the registered a <u>DANIELA A. DOMIN</u> 549 NE 6th PLACE	Registered Ager .) agent are: NGUEZ Name	nt. You must designate an individual or

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)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" + Manager		
AMBR	DANIELA A. DOMINGUEZ	
AUTA	549 NE 6th PLACE	
	FLORIDA CITY, FL 33034	
AMBR	KARLOS Ł. OROZCO	
	549 NE 6th PLACE	******
	FLORIDA CITY, FL 33034	
<u></u>		
		
(Use attachment if necessary)		
(If an effective date is listed, the date must be s the date of filing.)	the of filing:	prior to or 90 days after
ARTICLE VI: Other provisions, if any.		
		702 3
REQUIRED SIGNATURE:		- 40
RECORED SIGNATORE.		
		AHA FEB
Signature of a r	nember or an authorized representative of a memb	ber. S.=
Signature of a r This document is exec	cuted in accordance with section 605,0203 (1) (b), Flo	ber. 52
Signature of a r This document is excell am aware that any fai		ber. 55 pride Sutilities
Signature of a r This document is exect am aware that any fair constitutes a third degree	tuted in accordance with section 605,0203 (1) (b), Fig. lse information submitted in a document to the Depart	ber. Sintilities.

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30,00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)