## Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

ACCOUNT Name : LAZARUS CORPORATE FILING SERVICE, INC.

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## FLORIDA LIMITED LIABILITY CO. C & D MARKETING AND CONSULTING LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
C & D MARKETING AND CONSULTING LLC (Must contain the words "Limited Liabii	ity Company, "L	L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the principal office of	of the Limited Li	iability Company is:
Principal Office Address:		Mailing Address:
3201 NW 7TH AVENUE CIRCLE MIAM!, FL 33127		NW 7TH AVENUE CIRCLE II, FL 33127
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registration business entity with an active Florida registration.)  The name and the Florida street address of the registered agent	stered Agent. 10	's Signature: ou must designate an individual or
JEREMY BETANCOUR	<u>r</u>	
Na	nie	
220 MIRACLE MILE SUITE 224-A		
Florida street address (P.O. Box NOT acceptable)		
CORAL GABLES	FL	33134
City	State	Zip
and the second s	ng to the proper of	and complete performance of my duties, and I

ARTICLE IV-

30,00 Certified Copy (Optional)
5,00 Certificate of Status (Optional)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Chastidy Morales MOR 1150 SW 139TH CT .. MIANIL EL 33184. (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 02/13/2023 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. APPICES. Vi: Other provisions, if any \_\_\_\_\_\_ HEQUIRED SIGNAY LIKE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (2), Florida Statutes. I am aware that any faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S. CHASTIDY CARIDAD MORALES Typed or printed name of signee Filing Fees: 1425.80 Filing Fee for Articles of Organization and Designation of Registered Agent