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CORPORATE When you need ACCESS to the world

ACCESS, _____ INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2023

CORPORATE ACCESS, INC.

SUBJECT: PUENTE AG GROUP ONE LLC

Ref. Number: W23000021760

We have received your document for and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please ensure the name of the entity to serve as registered agent reflects the entity active in our records.,

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 223A00003846

ALLAHÁSSÉE, FLO

2023 FEB 20 AM ! 1: 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTIC	LE 1 - Name:					
The nan	ne of the Limited Liabil	lity Company is:				
	Puente AG Group C	ne IIC				
			d Liability Com	any, "L.L.C.," or "LLC.")		
	(**********		o oloomiy comp	any, 2.2.0., or 2.50.		
	LE II - Address:					
The mai	ling address and street	address of the principal	office of the Lir	nited Liability Company is:		
	Princi	pal Office Address:		Mailing Address:		
	· 			Training Addition.		
•	9155 S. Dadeland B	Ivd., Suite 1402		9155 S. Dadeland Blvd., Suite 1402		
	Miami, FL 33156	· · · · · · · · · · · · · · · · · · ·		Miami, FL 33156		
			 .			~ .
ARTICI	LE III - Registered Ac	gent, Registered Office	& Registered	Apont's Signature.	—i⊞ S	2023 FEB
(The Lin	nited Liability Compan	y cannot serve as its ow	n Registered Ag	ent. You must designate an individual or	. ÆCF	بت
another	business entity with an	active Florida registrat	ion.)		- <u>r.</u> :	بت
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i he nam	e and the Florida street	address of the registere	ed agent are:		(7. []	20
		Padial & Company	P.A.		S	_
			Name			<u>~</u>
					.™os	ڣ
		9155 S. Dadeland B			<u> </u>	√ 2
	-	Florida street addre	ss (P.O. Box <u>NC</u>	T acceptable)	1.4	95
		Mismi	FL	33156		
		City	State	Zip		
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nlace design	en namea as registerea anated in this certificate	agent and to accept serv	rice of process for	the above stated limited liability compar	ny at the	
further agr	ree to comply with the of	, i nereby accept me app rovisions of all statutes i	voiniment as regi	stered agent and agree to act in this capa oper and complete performance of my dut	icity. I	
am familia.	r with and accept the ol	bligations of my position	as registered as	ent as provided for in Chapter 605, F.S	ties, and I	
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	•	Regis	icied Agent's Sig	mature (REQUIRED)		

(CONTINUED)

ARTICLE IV-

Use attachment if necessary) OV: Effective date, if other than the date of filing:	Title:	Name and Address:
Use attachment if necessary) 2.V: Effective date, if other than the date of filing:		Transfer of the second of the
Use attachment if necessary) (V): Effective date, if other than the date of filing:	"MGR" = Manager	
Wismi. FL 33156 (OPTIONAL) (OPTIONAL) (OPTIONAL) (Coptional) (Cop	MGR	Carlos Puente
Use attachment if necessary) 3. V: Effective date, if other than the date of filing:		9155 S. Dadeland Blvd., Suite 1402
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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. Carlos Puente Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	EV: Effective date, if other than	the date of filing: (OPTIONAL)
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