

2/22/23, 2:03 PM

Division of Corporations

L230000691963

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
78 MANGO WYN, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2/22 PM 2:41

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

78 Mango Wyr, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:

133 NE 2 Ave.

133 NE 2 Ave.

Apt. 502

Apt. 502

Miami, FL 33132

Miami, FL 33132

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Arnaldo Fernandez

Name

133 NE 2 Ave., Apt. 502

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL

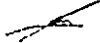
33132

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..



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:

"AMOR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

Arnaldo Fernandez
133 NE 2 Ave., Apt. 502
Miami, FL 33132

MGR _____

Matias Tasin
133 NE 2 Ave., Apt. 502
Miami, FL 33132

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.9203 (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.

Arnaldo Fernandez

Typed or printed name of signer