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Division of Corporations

**L230000085262**

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : CORP ADMIN  
Account Number : I20200000082  
Phone : (785)970-6090  
Fax Number : (877)938-7509

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: gerencia@chocodeli.com.co

**FLORIDA LIMITED LIABILITY CO.  
CHOCODELI, LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

H23000059216 3

ARTICLES OF ORGANIZATION  
OF  
CHOCODELI, LLC

ARTICLE I

The name of the Limited Liability Company is

CHOCODELI, LLC

ARTICLE II

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

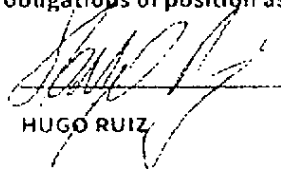
6039 COLLINS AVE, APT 737  
MIAMI BEACH, FL 33140

ARTICLE III

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

HUGO RUIZ  
  
6039 COLLINS AVE, APT 737  
MIAMI BEACH, FL 33140

Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as Registered Agent and agrees to act in its capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the property and complete performance of duties and is familiar with and accepts the obligations of position as Registered Agent as provided for in Chapter 605, Florida Statutes.

  
HUGO RUIZ

H23000059216 3

H23000059216 3

ARTICLE IV

The named and addresses of the Initial members and Directors of this

Limited Liability Company are:

Title: MGRM

JOSE ALBEIRO ARCILA DUQUE

6039 COLLINS AVE, APT 737

MIAMI BEACH, FL 33140

Title: MGRM

BLANCA MARGARITA GARCIA ZULUAGA

6039 COLLINS AVE, APT 737

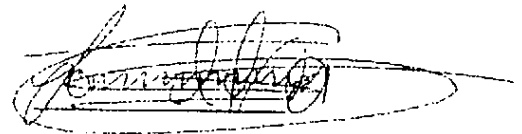
MIAMI BEACH, FL 33140

ARTICLE V

The effective date for this Limited Liability Company shall be:

February 14, 2023

Signature of member of an authorized representative



JOSE ALBEIRO ARCILA DUQUE

2023 JAN 23 PM 8:01  
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H23000059216 3

H23000059216 3

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirements to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED  
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H23000059216 3