

LZ3000095365
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000081478 3))



H230000814783ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

2023 MAR 20 AM 7:40
ALL REQUESTS TO FILE

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
INVERSIONES LAROCA GROUP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

MAR 02
S. PRATHE

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

2023 MAR 20 10:17:40
REGISTERED AGENT, FLORIDA

ARTICLE I- Name

INVERSIONES LAROCA GROUP, LLC

ARTICLE II- Address:

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

Principal Office Address
7105 SW 8TH STREET SUITE 306
MIAMI, FLORIDA 33144

Mailing Address
7105 SW 8TH STREET
SUITE 306
MIAMI, FLORIDA 33144

ARTICLES III-

Other provisions if any

ANY AND ALL LAWFUL BUSINESS

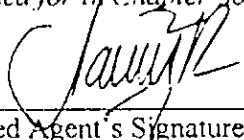
ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:)

(The Liability Company cannot serve as its own Register 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:

JENNY D RODRIGUEZ CACERES
7105 SW 8TH STREET
APT. 306
MIAMI FLORIDA 33144

Having been named as register 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 register 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 register agent as provided for in Chapter 605 FS



Registered Agent's Signature (REQUIRED)

ARTICLES V- Manager {s} or Authorized Member {s} of each Manager or Managing Member is as follows:

Title:

JENNY D RODRIGUEZ CACERES 80% AMBR
7105 SW 8TH STREET
SUITE 306
MIAMI, FLORIDA 330144

JOSE I RODRIGUEZ GARZON 19% AMBR
7105 SW 8TH STREET
SUITE 306
MIAMI, FLORIDA 330144

LAURA A RODRIGUEZ CACERES 1% AMBR
7105 SW 8TH STREET
SUITE 306
MIAMI, FLORIDA 330144

ARTICLE VI: effective date, if other than the date filing 02/28/23 (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 filing)

REQUIRED SIGNATURE



Signature of a member or an authorized representative of a member
JENNY D RODRIGUEZ CACERES

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 third degree felony as provide for in s. 817.155, F.S.

2023 MAR 20 AM 7:40
FILED IN OFFICE, FLORIDA