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## COVER LETTER

	v Filing Section ision of Corporations	
SUBJECT:	CAM-B	URT FAMILY LLC
SUBJECT	Name of	Limited Liability Company
The enclosed	l Articles of Organization and feets	are submitted for filing.
Please return	all correspondence concerning thi	s matter to the following:
	JAY ROME	R()
_		Name of Person
	WILLIAMS	&MORRIS, PC PLLC
~		Firm/Company
	8004 NW 154	TH STREET STE 646
_		Address
	A11.5.7 (1.1.5.1	KES, FL 33016
_	MIAMILA	City/State and Zip Code
	williamsmorrispa	
	E-mail address; (to be t	sed for future annual report notification)
For further inf	ormation concerning this matter, pl	ease call:
	AJAY ROMERO at	786 256-6615
-	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
₩\$125.00 F	Filing Fee ☐S130.00 Filing Fe Certificate of Status	
	Mailing Address	Street Address
	New Filing Section	New Filing Section Division The Centre of Tallahassee
	Division of Corporations P.O. Box 6327	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 32303

## $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

	CAM-HURT FAMIL	Y, LLC				
(Must con	tain the words "Limited Liabili	ty Company, "L.L.C.	." or "LLC.")			
ARTICLE II - Address: The mailing address and street a	ddress of the principal office o	f the Limited Liabilit	y Company is:			
<u>Princip</u>	al Office Address:		Mailing Address:			
8203 NW 1881	TERRACE	SAME				
MIAMI, FL 33	015			<u> </u>		
another business entity with an The name and the Florida street	-	, PC PLLC ne EET STE 646 . Box <u>NOT</u> acceptabl	() () ()	ACCESINE	2023 HAR 14 PM 2: 58	
	<del></del>	State	Zip			
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	. I hereby accept the appointme rovisions of all statutes relating	nt as registered agent to the proper and cor istered agent as provid	and agree to act in this capac applete performance of my duti	$cnv.\ I$		

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	JAIR JAVIER ROMERO	
	S203_NW_ISSTILTERRACE	
	AHAMI, EL 33015	
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(Use attachment if necessary)	late of Glinus (OPTIONAL)	
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not mem's effective date on the Department.	late of filing:	
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 cost meet the applicable statutory filing requirements, this date will not be	
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