

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L23000143515

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.

((H23000118073 3)))



H230001180733ABCZ

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 : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)298-6579
Fax Number : (305)643-5225

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

Email Address: BUSINESS @SERVIUSACORP.COM

2023 MAR 29 AM 1:47
TALLAHASSEE, FL
DIVISION OF STATE
CORPORATIONS

FILED

**FLORIDA LIMITED LIABILITY CO.
FP MOTO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RS

H23000118073 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PP MOTO 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:210 NE 45TH STOAKLAND PARK, FL 33334210 NE 45TH STOAKLAND PARK, FL 33334

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:

SERVI USA CORP

Name

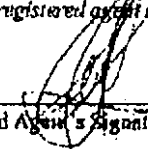
210 NE 45TH STFlorida street address (P.O. Box **NOT** acceptable)OAKLAND PARKFL33334

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 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)

 TALLAHASSEE, FL
 SECRETARY OF STATE

2023 MAR 29 AM 1:40

FILED

H23000118073 3

H230001180733

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:AMBRJUAN F. GONZALEZ SOTO
ELITE INDUSTRIAL PARK, WAREHOUSE # 10,
Km 8.2 VTE JMC AIRPORT TO MED BOG ROADMGRJACQUELINE ANDREA RENARD
ELITE INDUSTRIAL PARK, WAREHOUSE # 10
Km 8.2 VTE JMC AIRPORT TO MED BOG ROADMGRALEXANDER SIERRA VARGAS
ELITE INDUSTRIAL PARK, WAREHOUSE # 10
Km 8.2 VTE JMC AIRPORT TO MED BOG ROAD

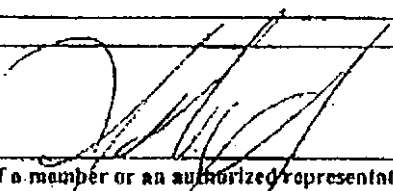
(Use attachment if necessary)

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 605.0203 (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.Juan Felipe Gonzalez Soto
Typed or printed name of signer2023 MAR 29 AM 1:40
DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

H230001180733