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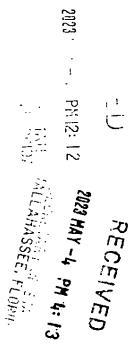
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(Address)		
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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Account#: I20000000088

Date:0	5/04/2023
Name:	Greg Pintacuda
Reference #:_	1992705
Entity Name:_	BENDITA LUZ RECORDS LLC
Articles	of Incorporation/Authorization to Transact Business
Amend	ment
☐ Change	e of Agent
Reinsta	itement
☐ Conver	sion
☐ Merger	
☐ Dissolu	tion/Withdrawal
Fictitiou	us Name
✓ Other_	PLEASE PROVIDE CERTIFIED COPY OF FILING
Authorized Am	nount:
Signature:	Affection of the second of the
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F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	05/04/2023	
Name:_	Greg Pintacuda	
Referen	nce #:1992705	
Entity N	lame: BENDITA L	UZ RECORDS LLC
	Articles of Incorporation/Authorization	
	Amendment	
	Change of Agent	
☐ F	Reinstatement	
	Conversion	
_	Merger	
	Dissolution/Withdrawal	
□ F	Fictitious Name	
V	OtherPLEASE PROVID	DE CERTIFIED COPY OF FILING
Authoriz	zed Amount:\$155	
Signatu	re:	

F: +852,2682,9790

COVER LETTER

New Filing Section

TO:

Division of Corporations	
SUBJECT: BENDITA LUZ RECORDS LLC	W. C
Name of Limited Lial	ollity Company
The enclosed Articles of Organization and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this matter to th	e following:
ROGER JUAN MALDONADO, ESQ.	
Name	of Person
SMITH, GAMBRELL & RUSSELL, LLP	
Firm	Company
1201 AVENUE OF THE AMERICAS DIST E	LOOP
1301 AVENUE OF THE AMERICAS, 21ST F	dress
NEW YORK, NY 10019	
•	and Zip Code
RMALDONADO@SGRLAW.COM E-mail address: (to be used for future	annual report notification)
E-mail address. (to be used for ideal)	callinal report normeation)
For further information concerning this matter, please call:	
ROGER JUAN MALDONADO at (212) 907-9741
Name of Person Area Code	Daytime Telephone Number
Co. 1. 1. 1. 1. C. d. C. Harring amounts	
Enclosed is a check for the following amount:	6160.00 EV.
Certificate of Status Cert	5.00 Filing Fee & \$160.00 Filing Fee, ified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, Fl. 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LUZ RECORDS LLC			
(M	ust contain the words "Limite	d Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address The mailing address and	: street address of the principa	l office of the Limite	ed Liability Company is:	
<u>]</u>	Principal Office Address:		Mailing Address:	
10 40 0 NW	37th Terrace		10400 NW 37th Terrace	
Doral, FL	33178		Ooral, FL 33178	
The Limited Liability Conother business entity v	red Agent, Registered Office ompany cannot serve as its over with an active Florida registrate street address of the register IN Music Gro	vn Registered Agent tion.) ned agent are: oup	Ent's Signature: LYou must designate an individual or	
The Limited Liability Conother business entity value name and the Florida	ompany cannot serve as its over with an active Florida registral a street address of the register	vn Registered Agent tion.) red agent are: oup Name	L You must designate an individual or	
The Limited Liability Conother business entity value name and the Florida	ompany cannot serve as its over the serve as its over the serve and serve as its over the serve as its over th	vn Registered Agent tion.) red agent are: oup Name	L You must designate an individual or	
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The Limited Liability Comother business entity value for the rame and the Florida in the Florida	ompany cannot serve as its over the serve as	wn Registered Agent tion.) red agent are: pup Name th Terrace ess (P.O. Box NOT FI. State	acceptable)	

(CONTINUED)

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	КΙ	11. 1	. F.	

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	JUAN HIDALGO
Managing Memer	8001 SW 64th Street
	Miami, FL 33143
	<u> </u>
Member	NELSON ESTEVEZ
	61 NW 122nd Avenue
	Miami, FL 33182
Member	JOSE NANNI
Memoer	10950 North Bay Road, Suite 1602
	Sunny Isles FL 33160
(Use attachment if necessary)	
	date of filing: (OPTIONAL)
ocument's effective date on the Departm ICLE VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not be listed a nent of State's records.
REQUIRED SIGNATURE:	
	11450
	a member or an authorized representative of a member.
This document is ex	recute(Lin accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any	C. L. C. C
conctitutes a third de	false information submitted in a document to the Department of State
constitutes a third de	egree felony as provided for in s.817.155, F.S.
constitutes a third de	egree felony as provided for in s.817.155, F.S. JAM HIDALGO
constitutes a third de	egree felony as provided for in s.817.155, F.S.
constitutes a third do	egree felony as provided for in s.817.155, F.S. JAN HIDALGO Typed or printed name of signee Filing Fees:
constitutes a third do	Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent
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PM 12: 13