

L23000276884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

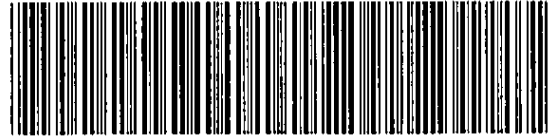
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800406664738

05/08/23--01007--009 \*\*125.00

RECEIVED

2023 MAY -8 AM 10:19

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

10:19 AM

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** Cat 5/8

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- XX** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- XX** **FILING** LLC \_\_\_\_\_

1. LAPACHO INVESTMENTS, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**LAPACHO INVESTMENTS, LLC.**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**9000 SHERIDAN STREET STE 138  
PEMBROKE PINES, FL 33024**

**Mailing Address:**

**9000 SHERIDAN STREET STE 138  
PEMBROKE PINES, FL 33024**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**RCG ACCOUNTING & ASSOCIATES, INC.  
9000 SHERIDAN STREET SUITE 138  
PEMBROKE PINES, FL 33024**

*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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

/s/ DEBORAH RIOS

Registered Agent's Signature

(CONTINUED)

2023 JUN 13 PM 2:19  
FBI  
FBI  
FBI

**ARTICLE IV- Members/Managers**

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

**AMBR**

**ARAUCARIAS DEL SUR, INC.  
9000 SHERIDAN STREET STE 138  
PEMBROKE PINES, FL 33024**

**MGR**

**CLARA RAY  
AYACUCHO 2150 14A  
CABA ARGENTINA, XX. 1112 AR**

**MGR**

**DOLORES RAY  
AYACUCHO 2150 14A  
CABA ARGENTINA, XX. 1112 AR**

**MGR**

**MARCOS RAY  
AYACUCHO 2150 14A  
CABA ARGENTINA, XX. 1112 AR**

**MGR**

**ANGELES RAY  
AYACUCHO 2150 14A  
CABA ARGENTINA, XX. 1112 AR**

**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is May 5, 2023.

REQUIRED SIGNATURE:

*/S/ Clara Ray*

(Digital Signature)

\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

2023 MAY - 5 PM 2:19  
FILED  
CLARA RAY  
CABA ARGENTINA, XX. 1112 AR

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.

**/S/ CLARA RAY**

\_\_\_\_\_  
Typed or printed name of signee

2023 MAY -3 PM 2:19

CLARA RAY