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.

(((H23000184228 3)))



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 : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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. CANAN DE GALILEA LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Canan de Galilea 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:	
19780 SW 177 Ave	19780 SW 177 Ave	
#179	#179	
Miami, FL 33187	Miami, FL 33187	

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:

Georgina Blanco, Pr	\	
	Name	
10261 Sunset Dr., St	uite C-101	
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
Miami, FL 33173		
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 I am familiar with and accept the obligations fray position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

MGR MGR	Tomas Bernat Matom 19780 SW 177 Ave., #179 Miami, FL 33187
MGR	Taxinto Burror da Romad
	Jacinta Perez de Bernal 19780 SW 177 Aye., #179 Miami, FL 33187
fective date is listed, the date must be spoof filing.) If the date inserted in this block does not numerit's effective date on the Department	of filing: May 3rd. 2023 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.
LE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	V V V V V V V V V V V V V V V V V V V
Signature of a me	mber or an authorized representative of a member.
This document is execut I am aware that any false	ted in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State belong as provided for in s.817.155, F.S.
This document is execut I am aware that any false	e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
This document is execut I am aware that any false constitutes a third degree	information submitted in a document to the Department of State lelony as provided for in s.817.155, F.S.