# From: Erik Gonzalez

Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TRAMILEX LLC

Account Number : I20150000086

Phone : (786)469-9163

Fax Number

: (305)848-3716

\*\*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. INVESTMENT BLAMG LLC

### Certificate of Status Certified Copy 0 Page Count 01 Estimated Charge \$125.00

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# 2023-05-31 20:23:29 GMT 1300 19817 2 3

## COVER LETTER

SUBJECT	INVESTMENT BLAMG LLC
Stragett, 1	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	ANGIE Y. GAVIRIA FRANCO
	Name of Person
	INVESTMENT BLAMG LLC
	Firm/Company
	6606 SUPERIOR AVE
	Address .
	SARASOTA, FL 34231
	City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
or further in	formation concerning this matter, please call:
	ANGIE Y. GAVIRIA 786 458-9328
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
<b>]\$</b> 125.00 Fil	- ,
	Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

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To:

# 423000/98/723.

	ARTICLES OF ORGANIZATION FOR FLOR	IDA LIMITED LIABILITY COMPANY
	LE I - Name: e of the Limited Liability Company is:	
	· · · · · · · · · · · · · · · · · · ·	
	INVESTMENT BLAMG LLC	
	(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
. 12/21/21		
	E II - Address:	6
i ne maii	ing address and street address of the principal office of	if the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
	6606 SUPERIOR AVE	SAME ADDRESS
	SARASOTA, FL 34231	
(The Lim	LE III - Registered Agent, Registered Office, & Registed Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	gistered Agent's Signature: tered Agent. You must designate an individual or
The name	e and the Florida street address of the registered agent	arc:
	ANGIE Y. GAVIRIA FRA	NCO
	Nam	· · · · · · · · · · · · · · · · · · ·

<u>ANGIE Y. GAVIRI</u>	A FRANCO	
	Name	
6606 SUPERIOR A	VE	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
SARASOTA	FL	34231
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 of my position as registered agent us provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

Title	:	Name and Address:			
	BR" = Authorized Member	THE RESERVE TO SERVE THE PARTY OF THE PARTY			
	R" = Manager	•			
AMI		ANGIE Y. GAVIRIA FRANCO			
		6606 SUPERIOR AVE			
		SARASOTA, FL 34231			
		3/1K/13(/1A, FL 3423)			
AMI	ap.	DD (VAN A COMEZ CANO			
AMI	JK .	BRAYAN A. GOMEZ CANO 6606 SUPERIOR AVE			
		SARASOTA, FL 34231			
AMI	3K	- LUCERO FRANCO RUIZ			
		6606 SUPERIOR AVE			
		SARASOTA, FL 34231			
		,			
(Use	attachment if necessary)				
,	,,				
ARTICLE V:	Effective date, if other than the date of till	ing: <u>05/31/2023</u> . (OPTIONAL)			
(If an effective	data is listed the data must be specific	and cannot be more than five business days prior to or 90 days after			
the date of filin		and cannot be more than tive business days prior to or 90 days after			
		ha and back to serve the first of the server			
		he applicable statutory filing requirements, this date will not be listed as			
the document	s effective date on the Department of Sta	ite's records.			
ADTICLE VI.	Other provisions, if any.				
	LL LAWFUL BUSINESS	·			
ANT AND AL	L. LAWFOL BOSINESS				
		***************************************			
<del></del>					
nno					
KEO	<u>UIRED</u> SIGNATURE:	•			
	AG.	•			
	#3(2)				
		or an authorized representative of a member.			
•	This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.				
		rmation submitted in a document to the Department of State			
	constitutes a third degree felor	ny as provided for in s.817.155, F.S.			

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

4230001981723

