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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 : WISE TAX FIRM INC.
Account Number : I20210000018
Phone : (786)520-0001
Fax Number : (786)227-6631

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

Email Address: _____

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TALLAHASSEE, FL

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2023 JUN -5 PM 3:20
DIVISION OF CORPORATIONS
COMMERCIAL RECORDING SERVICES

FLORIDA LIMITED LIABILITY CO.
Fetch Shop LLC

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

Electronic Filing Menu Corporate Filing Menu Help

H23000 2024333

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Fetch Shop 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:**
10139 SW 168th ST	10139 SW 168th ST
Miami, FL 33157	Miami, FL 33157

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:

Lis-Claudia Benitez
Name

10139 SW 168th ST
Florida street address (P.O. Box **NOT** acceptable)

Miami	Florida	33157
City	State	Zip

2023 JUN -5 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-
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	
MGR	Lis-Claudia Benitez 10139 SW 168th ST Miami, FL 33157

(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:

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TALLAHASSEE, FL

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.

Lis-Claudia Benitez
Typed or printed name of signee

H23000202433.