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Division of Corporations

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Division of Corporations Par Humber : { #50} [£17-£18]

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Account Name : UCA GESTIONES, that Account Namber : 12033000015 Phone : (305)965-4949 PAX Namber : (305)508-6375

Cottor the small address for this buriness entity to be used for future annual report satilings. Enter only one small address please.

Essil Address:

FLORIDA LIMITED LIABILITY CO.

A&V USA, LLC

Certificate of Status	0
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Page Count	01
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A&V USA, 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:
990 Biscayne Blvd. Stc 501-16	990 Biscayne Blvd. Stc 501-16
Miami, FL 33132	Miami, FL 33132

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:

USA Gestiones, LL	<u> </u>	
	Name	
990 Biscayne Blvd.	Ste 501-16	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Miami	FL	33132
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, A. 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)

To:

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Juan Castro Prado	
	990 Biscavne Blvd.	
	Miami, FL 33132	-
AMBR	Katherine M Mesias Ordinola	
	990 Biscavne Blvd.	-
	Miami, FI, 33132	- ~
-		
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		- -
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(Use attachment if necessary)		1 2023
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ARTICLE V: Effective date, if other than the dat	e of filing: (OPTIONAL) pecific and cannot be more than five business days priorito or 90	
the date of filing.)	pecitic and cannot be more than live business days prior to or 90	, ,
	meet the applicable statutory filing requirements, this date will no	t be listed is Ci
the document's effective date on the Departmen		Ti (1)
ARTICLE VI: Other provisions, if any.	mo	\
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	The state of the s	·F
		
REQUIRED SIGNATURE:		
- Vu		
	nember or an authorized representative of a member.	
This document is exect	filed in accordance with section 605,0203 (1) (b), Florida Statutes.	
I am aware that any fals constitutes a third degre	se information submitted in a document to the Department of State see felony as provided for in \$.817.155, F.S.	
Juan Castro Prac		
Juan Castil Flac	Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)