

L23000306329

**Florida Department of State
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.

(((H23000226736 3)))



H230002267363ABC-

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 : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : 120190000020
Phone : (786)953-7449
Fax Number : (786)953-7450

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN 26 PM 1:39

FILED

****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.
SOLUCIONES INMOBILIARIAS FL LLC**

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

RECEIVED
2023 JUN 26 PM 4:06
CORPORATIONS
COMMERCIAL
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

**Articles of Organization
For
Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

Article I

The name of the limited liability company is:
SOLUCIONES INMOBILIARIAS FL LLC

Article II

The street address of the principal office of the Limited Liability Company is:
**12850 W. STATE ROAD 84, LOT # 19-4, 35 IVY LANE
DAVIE, FL. 33325**

The mailing address of the Limited Liability Company is:
**12850 W. STATE ROAD 84, LOT # 19-4, 35 IVY LANE
DAVIE, FL. 33325**

Article III

Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
**CLEMENTE LAMUS VARGAS
12850 W. STATE ROAD 84, LOT 19-4, 35 IVY LANE
DAVIE, FL. 33325**

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature: Clemente Lamus V.

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN 26 PM 1:39

FILED

Article V

The name and address of person(s) authorized to manage the LLC:

Title: AMBR
CLEMENTE LAMUS VARGAS
12850 W. STATE ROAD 84, LOT # 19-4, 35 IVY LANE
DAVIE, FL. 33325

Signature: Clemente Lamus V.

Title: AMBR
LUZ STELLA VERGEL SUAREZ
12850 W. STATE ROAD 84, LOT # 19-4, 35 IVY LANE
DAVIE, FL. 33325

Signature: Luz Stella Vergel Suarez

Title: AMBR
MARIA ESPERANZA VILLAMIZAR MOLINA
12850 W. STATE ROAD 84, LOT # 19-4, 35 IVY LANE
DAVIE, FL. 33325

Signature: Maria Esperanza Villamizar Molina

Title: AMBR
DANIEL FELIPE RODRIGUEZ VILLAMIZAR
12850 W. STATE ROAD 84, LOT # 19-4, 35 IVY LANE
DAVIE, FL. 33325

Signature: [Signature]

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN 26 PM 1:39

FILED

Article VI

The effective date of this Limited Liability Company Shall be:

06/22/2023

Signature of member or an authorized representative:

Signature: Clemente Lomus U.

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

2023 JUN 26 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FL

FILED