

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L23000308268**

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To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : WISE TAX FIRM INC.  
 Account Number : 120210000018  
 Phone : (786)620-0001  
 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: \_\_\_\_\_

RECEIVED  
 2023 JUN 27 PM 1:46  
 CORPORATIONS  
 COMMERCIAL  
 SERVICES

**FLORIDA LIMITED LIABILITY CO.  
 MUNGUIA CAPITAL LLC**

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

RECEIVED  
 2023 JUN 27 PM 8:36  
 FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MUNOUIA CAPITAL, 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:**

13270 SW 131ST STREET  
SUITE 138  
MIAMI, FL 33186

**Mailing Address:**

13270 SW 131ST STREET  
SUITE 138  
MIAMI, FL 33186

**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:

JULIO MUNOUIA

Name

13270 SW 131ST STREET SUITE 138

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

City

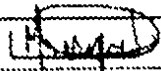
FL

State

33186

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 as provided for in Chapter 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

H230002275853

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

JULIO MUNGUIA

13270 SW 131ST STREET SUITE 138

MIAMI, FL 33186

AMBR

LILIBET HERNANDEZ

13270 SW 131ST STREET SUITE 138

MIAMI, FL 33186

(Use attachment if necessary)

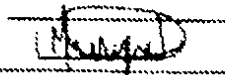
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

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.

JULIO MUNGUIA

Typed or printed name of signer

H230002275853