

06/28/2023 08:35 AM

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Florida Department of State
Division of Corporations
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Email Address: andrea@taxcounselus.com

FLORIDA LIMITED LIABILITY CO.
MAMBO NY, LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION
OF
MAMBO NY, LLC**

ARTICLE I – NAME

The name of the limited liability company is Mambo NY, LLC ("Company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

999 Ponce de Leon Blvd., Ste. 720
Coral Gables, FL 33134

Mailing Address:

999 Ponce de Leon Blvd., Ste. 720
Coral Gables, FL 33134

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

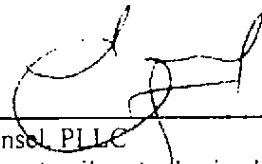
Tax Counsel, PLLC
999 Ponce de Leon Blvd., Ste. 720
Coral Gables, FL 33134

STATE
TALLAHASSEE, FL

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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.



Tax Counsel, PLLC
By Andrea Aguilar, Authorized Representative

ARTICLE IV - MANAGERS OR MEMBERS

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

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Title:

"MGR" = Manager

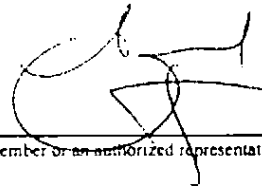
"AMBR" = Authorized Member

MGR

Name and Address:

Stratospheric Management LLC
999 Ponce de Leon Blvd., Ste. 720
Coral Gables, FL 33134

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.

Andrea Aguilar, Authorized Representative

Typed or printed name of signer

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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