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### FLORIDA LIMITED LIABILITY CO. COALICION AMERICANA POR LA DEMOCRACIA Y LA IGUALDAD



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T. BURCH JUL 13 2023

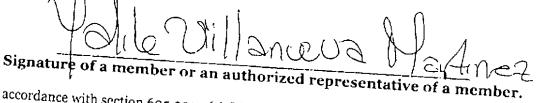
# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Coglición Americana purla democrace y la igualdad	.) ,	10
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	X . C	<u>د ر</u>
5887 NW 56th PL (TAMARAC.)	Fl	
33319 (zipcode)		
	1023 JUI	SECRE FALLAH
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (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.)	12 PM 3:54	FILED TARY OF STATE MASSEE FLORIDY
5887 NW 56th PL (tamprac) FL		_
ZPI code (33319).		
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)		-
Oliver carda Blackstone (AMBR)		
Goes Henandez: Inacio Andre (AMBR)	<del></del>	
Francisco Hagaly (AMBR)		
Talile Villanua & (AMBR)		

## Required Signatures:



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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

Registered Agent's Signature (REQUIRED)

JUL 12 PH 3: 54