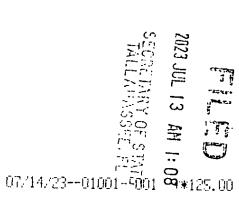
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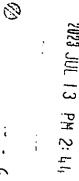
| (5                         | Requestor's Name)         |        |
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| PICK-UP                    | ☐ WAIT                    | MAIL   |
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| (8                         | Business Entity Name)     |        |
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| (L                         | Document Number)          |        |
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| Certified Copies           | Certificates of           | Status |
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| Special Instructions to Fi | lina Officer              |        |
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## **WALK IN**

PICK UP: MISTY 7/13

|        | CERTIFIED COPY            |             | <br>            |             |
|--------|---------------------------|-------------|-----------------|-------------|
| XX     | РНОТОСОРУ                 |             | <br>            |             |
|        | CUS                       |             | <br>V1.602      |             |
| XX     | FILING                    | LLC         | <br><u> </u>    |             |
| •      | CONFRATERNIDAD LI         |             |                 |             |
|        | (CORPORATE NAME AND DOCUM | ΛΕΝΤ #)     |                 |             |
|        |                           |             |                 | _           |
|        | (CORPORATE NAME AND DOCUM | 4ENT #)     |                 |             |
|        |                           |             | <br>            |             |
|        | (CORPORATE NAME AND DOCUM | 1ENT #)     |                 |             |
|        | (CORPORATE NAME AND DOCUM | #17517D #15 | <br>            |             |
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| -      | (CORPORATE NAME AND DOCUM | <br>HENT #) | <br>            |             |
| PECIAI | r                         |             |                 |             |
|        | CTIONS:                   |             | <br>            |             |
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|        |                           | <del></del> | <br>            | <del></del> |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  | rt. e  |                                  |  |
|--|--|----------------------------------|--|
| The name of the Limited Liabi  | lity Company is:   |                                  |  |
| Confraternidad LLC.  |  |                                  |  |
| (Must con  | ntain the words "Limited                                     | Liability Con                    | npany, "L.L.C.," or "LLC.")  |
| ARTICLE II - Address:<br>The mailing address and street                    | address of the principal o                                   | ffice of the L                   | limited Liability Company is:  |
| <u>Princi</u>  | pal Office Address:  |                                  | Mailing Address:   |
| 9501 SW 36 Street  |  |                                  | 9501 SW 36 Street  |
| Miami, FL 33165  |  |                                  | Miami, FL 33165  |
| The name and the Florida stree   | -  | l agent are:                     |  |
| The name and the Florida stree   | t address of the registered                                  | l agent are:                     |  |
|  | Adolfo Jose Marengo  |                                  |  |
|  |  | Name                             |  |
|  | 9501 SW 36 Street  |                                  |  |
|  | Florida street address                                       | s (P.O. Box <u>}</u>             | NOT acceptable)  |
|  | Miami, FL 33165  |                                  |  |
|  | City   | State                            | Zip  |
| place designated in this certificate<br>further agree to comply with the p | e, I hereby accept the appo<br>provisions of all statutes re | ointment as re<br>clating to the | for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S |
|  | Adolfo Jose Ma   | <del>-</del>                     |  |
|  | Registo  | ered Agent's                     | Signature (REQUIRED)   |
|  |  | (CONTIN                          | UED)   |

FILEL) 2023 JUL 13 AM 1:08 SECRETARY OF STATE

| <u>Citle:</u>                                | Name and Address:                |
|--|----------------------------------|
| 'AMBR" = Authorized Member                   | <del> </del>                     |
| 'MGR" = Manager                              |                                  |
| AMBR   | Adolfo Jose Marengo              |
|  | 9501 SW 36 Street                |
|  | Miami, FL 33165                  |
| AMBR   | Milagros Sardanas                |
|  | 9501 SW 36 Street                |
|  | Miami, FL 33165                  |
| MGR  | Adolfo Jose Marengo              |
| ······································       | 9501 SW 36 Street                |
|  | Miami, FL 33165                  |
|  |                                  |
|  | <del></del>                      |
|  |                                  |
| Use attachment if necessary)                 |                                  |
| V: Effective date, if other than the date of | of filing: 7/10/2023 .(OPTIONAL) |

#### REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any.

Adolfo Jose Marengo

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.

Adolfo Jose Marengo

Typed or printed name of signee

#### Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

the document's effective date on the Department of State's records.