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.

(((H23000261700 3)))



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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

**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. ATR INVESTMENTS COLLLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electron	10	Eiling	Mann
THECHOR	10	THUME	INTELLO

Corporate Filing Menu

Help

ARTICLES OF ORGANISATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ATR INVESTMENTS COLULG

(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 Limited Liability Company is:

Principal Office Address:

8300 NW 53 RD Street, suite 102, Doral Florida 33166

Mailing Address: Same

ARTICLE III - Registered Agent, Registered Office, & Registered

(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:

BIZCAMP, LLC

Name

8300 NW 53RD ST SUITE 102

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

DORAL FL 33166

City State 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.

Yosit J Campo, CPA

Registered Agent's Signature (REQUIRED)

ARTICLE IV

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

Title: Name and Address:

"AMBR" = Authorised Member "MGR" = Manager

MGR JUAN SEBASTIAN RAMIREZ

8300 NW 53RD STREET, SUITE 102, DORAL FLORIDA 33166

MGR CARLOS DAVID RAMIREZ

8300 NW 53RD STREET, SUITE 102, DORAL FLORIDA 33166

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: CARLOS RAMIS

Signature of a member or an authorised representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fulse information submitted in a document to the Department of State constitutes a third degree felory as provided for in 8.817.155, F.S.

CARLÓS DAVID RAMIREZ

Typed of printed name of signee

2029 JUL 27 PM 2: 47