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Florida Department of State
Division of Corporations
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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
WAIMAS SAS, LLC**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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Corporate Filing Menu

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AUG 17 PM 4:11
DIVISION OF CORPORATIONS

FILED
2023 AUG 17 PM 12:25
FALL AIDASSER, FL 0000

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:****WAIMAS SAS, LLC****ARTICLE II - Address:**

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

Principal Office Address:9640 SW 155th Ave

Miami, FL 33196

Mailing Address:9640 SW 155th Ave

Miami, FL 33196

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:

KASSANDRA ZULAY

Name

9640 SW 155th AveFlorida street address (P.O. Box NOT acceptable)

Miami

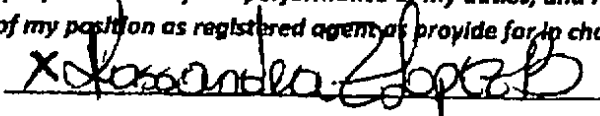
FL

33196

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 provide for in chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FALL ALABAMA

ARTICLE IV -

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

AMBR

KASSANDRA ZULAY

9640 SW 155th Ave

Miami, FL 33196

AMBR

ROGER RICARDO RIOS MORENO

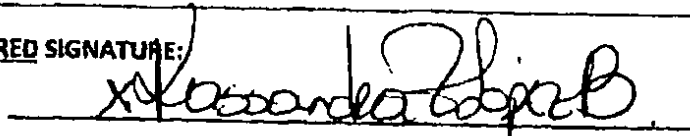
9640 SW 155th Ave

Miami, FL 33196

(Use attachment if necessary)

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.