

L23000388865

Florida Department of State
Division of Corporations
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CORPORATIONS
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**FLORIDA LIMITED LIABILITY CO.
MAESTRO SUPPLY LLC**

Certificate of Status	1
Certified Copy	0
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY CORPORATION**

ARTICLE I NAME

The Name of the Limited Liability Company is:
Maestro Supply LLC

ARTICLE II ADDRESS

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

PRINCIPAL STREET ADDRESS:	MAILING ADDRESS, IF DIFFERENT IS:
<u>1883 West Flagler Street #3</u>	<u>1883 West Flagler Street #3</u>
<u>Miami, FL 33135</u>	<u>Miami, FL 33135</u>

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).

Eduardo Pena
1883 West Flagler Street #3
Miami, FL 33135

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Eduardo Pena (MGR)
1883 West Flagler Street #3
Miami, FL 33135



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

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 a s.817.155 F.S.

Eduardo Pena

Typed or printed name of signer

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 further with and accept the obligations of my position as registered agent as provided for in Chapter 605 FS.

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2023 APR 18 PM 2:54
STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERD OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED 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.



REGISTERED AGENT SIGNATURE