## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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## FLORIDA LIMITED LIABILITY CO. LA GUAJIRA LLC

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Certified Copy	0
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Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
La Guazira LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
1600 NE FIRST AVE 3313Z MIAMI FLORIDA. apt 3114 \$ }
MIAMI FLORIDA. apt 3114 = =
ARTICLE III. Posistand 4 B
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 on individual or another business entity with an active Florida registration.)
Jorge Oscal Zorgvera.
1600 NE FIRST AVE 967 3114
Jorge Oscar Zorquera.  1600 NE FIRST AVE APT 3114  MIAMÍ FL 33132
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Raymel Viciedo Valero (AMBR)
Jorge Oscar Zarquera. (AMBR)

## Required Signatures:

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 s.817.155, F.S.

ORGE OSCAR ZERQUERA

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 ager:: as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)