

AUG 23, 2023 10:10AM

L23000395468

Florida Department of State
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.

((H23000292640 3)))



H230002926403ABC

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 : STEMAR SERVICES LLC
Account Number : 120200000104
Phone : (786)554-9240
Fax Number : (305)512-5636

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: yumirag@stemarservices.com

VED

2023 AUG 23 PM 12:12

FLORIDA
DIVISION OF
CORPORATIONS

FLORIDA LIMITED LIABILITY CO.
CECON INTEGRAL SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

STATE
FL

2023 AUG 23 AM 8:33

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cecon Integral Services LLC

(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 of the Limited Liability Company is:

Principal Office Address:10190 E Bay Harbor Dr
Unit 4E
Bay Harbor Island FL 33154Mailing Address:10190 E Bay Harbor Dr
Unit 4E
Bay Harbor Island FL 33154

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:

Stemar Services LLC

Name

2109 Greenside Dr.Florida street address (P.O. Box NOT acceptable)Valrico

City

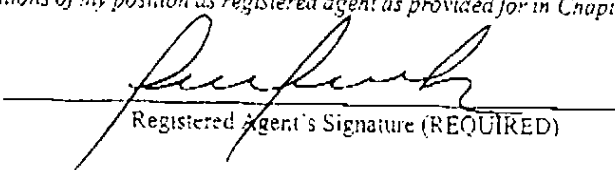
FL

State

33594

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE
FL

2023 AUG 23 AM 8:33

FILED

H230002926403

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBRAMBR**Name and Address:**Cesar A. Perez Ochoa10190 E Bay Harbor Dr Unit 4E
Bay Harbor Island FL 33154Maria C. Osma10190 E Bay Harbor Dr Unit 4E
Bay Harbor Island FL 33154

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/23/2023 (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:**Cesar A. Perez Ochoa

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.Cesar A. Perez Ochoa

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)

STATE
DEPARTMENT OF
REVENUE, FL

2023 AUG 23 AM 8:33

FILED