# O 08/31/2023 8 orida Department of State

## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*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. TEXAS VERTENTE FINANCIAL II, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN	ARTICL.	ESOFORG	ANIZATION FO	RELORIDATA	MITEDLIABILI	Y COMPANY
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The name of the Limited Liability Company is:

#### TEXAS VERTENTE FINANCIAL II, 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:	Mailing Address:
2889 Mcfarlane Road, Suite 1617-2	2889 Mcfarlane Road, Suite 1617-2
Miami, FL 33133	Miami, FL 33133

#### 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.)

Joao H Rego			2023 S
	Name		CAN SEB SEB
2889 Mefarlane Roa	d. Suite 1617-2		\$120 L
Florida street addres	ss (P.O. Box <u><b>SOT</b></u> ac	cceptable)	
Miami	F1.	33133	
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. Thereby 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.

/s/ Joao H Rego	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

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

Name and Address:	
Joao H Rego	
2889 Mcfarlane Road, Suite 1617-2	<del></del>
Mami. Pt. 33133	
Francisco R Heraclio Do Rogo	
2889 Mcfarlane Road, Suite 1617-2	
Miami, FL 33133	<del></del>
	돌아 13
TEXAS VERTENTE FINANCIAL, LLC	<del> </del>
2889 Melarlane Road, Suite 1617-2 Miami, FL 33133	<u> </u>
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mber or an authorized representative of a mened in accordance with section 605.0203 (1) (b), F information submitted in a document to the Depa felony as provided for in \$.817.155, F.S.	lorida Statutes.
rney in Fact Typed or printed name of signee	<del></del>
	Joao H Rego 2889 Mcfarlane Road, Suite 1617-2 Miami, FL 33133  Francisco R Heraclio Do Rego 2889 Mcfarlane Road, Suite 1617-2 Miami, FL 33133  TEXAS VERTENTE FINANCIAL, LLC 2889 Mcfarlane Road, Suite 1617-2 Miami, FL 33133  of filing:

### 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)