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Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6381

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## FLORIDA LIMITED LIABILITY CO.

## CARLOS GIL ENTERPRISE LLC

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

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SEP 06 2023  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CARLOS GIL ENTERPRISE 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:

450 SW 133 RD TERRACE DAVIE  
FORT LAUDERDALE, FL 33325

Mailing Address:

450 SW 133 RD TERRACE DAVIE  
FORT LAUDERDALE, FL 33325

**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:

CARLOS ENRIQUE GIL ROJAS

Name

450 SW 133 RD TERRACE DAVIE

Florida street address (P.O. Box **NOT** acceptable)

FORT LAUDERDALE FL 33325

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, 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.*

Carlos Enrique Gil Rojas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

CARLOS E GIL ROJAS  
430 SW 133 RD TERRACE DAVID  
FORT LAUDERDALE, FL 33323

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

*Carlos Enrique Gil Rojas*

\_\_\_\_\_  
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.817.133, F.S.

CARLOS E GIL ROJAS

\_\_\_\_\_  
Typed or printed name of signer



SECRETARY OF STATE  
TALLAHASSEE, FL

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