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Page: 1 of 2

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From: Antonio Alonso, Esq.

9/15/23, 11:42 AM

Division of Corporations

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Division of Corporations  
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From:

Account Name : ANTONIO ALONSO, PLLC.  
Account Number : 120160000045  
Phone : (305)606-0399  
Fax Number : (305)508-6364

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

Email Address: alonsoa@aapalaw.com

**FLORIDA LIMITED LIABILITY CO.  
CRISGAGO, LLC.**

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H23000325513 3

**ARTICLES OF ORGANIZATION OF  
CRISGAGO, LLC.**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I -Name:**

The name of the Limited Liability Company is:

**CRISGAGO, LLC.**

**ARTICLE II -Address:**

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

121 Alhambra Plaza, Suite 1500  
Coral Gables, FL 33134

**ARTICLE III -Registered Agent and Registered Office**

The name and the Florida street address of the initial registered agent are:

ANTONIO ALONSO PLLC  
121 Alhambra Plaza, Suite 1500  
Coral Gables, FL 33134

**ARTICLE IV – Managers**

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

<u>Title</u>	<u>Name and Address</u>
<b>Manager</b>	Anna Claudia Medone 121 Alhambra Plaza, Suite 1500 Coral Gables, FL 33134
<b>Manager</b>	Christian Garin 121 Alhambra Plaza, Suite 1500 Coral Gables, FL 33134

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 14 ... day of September, 2023.



Name: Anna Claudia Medone

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(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 Section 817.155, F.S.)



Name: Anna Claudia Medone

#### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(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 Section 817.155, F.S.)

Signature of Registered Agent

**ANTONIO ALONSO, PLLC, a Florida  
professional limited liability company**



By: Antonio Alonso, Esq., its Manager