Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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From:			ઇ.≺ ું.
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	PH SEE
	Account Number	: I20000000019	in Co
	Phone	: (305)552-5973	<u> </u>
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**E	nter the email a annual report	ddress for this business entity to be used mailings. Enter only one email address plea	for future
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FLORIDA LIMITED LIABILITY CO. INVERSIONES EXTRAS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Inversiones Extras LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
- 745 Cormado Avenue SE - Coral Gables, Fl. 33/43	2023 bc1
SSS SSS	-
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 an individual or another business entity with an active Florida registration.)	ب ب ب
Sonia Da Corte	
245 Coronado Av.	
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
- Sonia Da Corte - AMBR	
GEDRGE F. Cesar - 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.

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 agent as provided for in Chapter 605, E.S..

Registered Agent's Signature (REQUIRED)