# L23000481523

(R	equestor's Name)	· · · •
(Á	.ddress)	<u> </u>
(A	ddress)	
(C	ity/State/Zip/Phone #	t)
PICK-UP	■ WAIT	MAIL
<del></del>	<del></del>	<del></del>
(8	usiness Entity Name	)
(D	ocument Number)	
Certified Copies	Certificates	of Status
cutined copies	Centificates	Of Otatus
Special Instructions to Fil	ing Officer:	

Office Use Only



000417582510

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	_
La Ejecutiva LLC	_ 
Please Debit FCA000000003 For: 160	
Thank you Seth Neeley	
1-4-1	
All of	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Ait, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

# COVER LETTER

	New Filing Section Division of Corporations
emp inc	La Ejecutiva LLC
SOBJEC	T:Name of Limited Liability Company
Thu anol	osed Articles of Organization and fee(s) are submitted for filing.
	turn all correspondence concerning this matter to the following:
r icase ic	turn an correspondence concerning this matter to the following.
	Maria Laura Camejo
	Name of Person
	La Ejecutiva
	Firm/Company
	110 SW 12th Street U nit 706
	Address
	Miami, FL 33130
	City/State and Zip Code
	hello@laejecutiva.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Maria Laura Camejo 305 934 8871 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lial	oility Company is:			
La Ejecutiva LLC	;			
(Must c	ontain the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal	office of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
110 SW 12th Stre	et Unit 706	110	SW 12th Street Unit 706	
Miami FL 33130			mi FL 33130	_ _
another business entity with The name and the Florida stre	_	ed agent are:		
	110 SW 12th Stree	t Unit 706 ess (P.O. Box <u>NOT</u> a	acoutehla)	
	Piorida street addit		•	
	<u>Miami</u> Citv	FL State	33131 Zip	
	City	State	Zip	
lace designated in this certific irther agree to comply with the	ate, I hereby accept the ap 2 provisions of all statutes	ppointment as register relating to the prope	e above stated limited liability company ed agent and agree to act in this capaci r and complete performance of my dutie as provided for in Chapter 605, F.S.	tv. T
		Maria Laura C	amejo	
	Regi	Maria Laura ( stered Agent's Signa	ture (REQUIRED)	
		(CONTINUED)		

2023 3

ARTICLE IV-	A	R	I.I	CI	LE	ĮV.	
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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			
MGR		Maria Laura Camejo	
		110 SW 12th Street Unit 706	
		Miami FL 33130	
		<del></del>	
(Use attachment if neces	ssary)		
$CLE(V)$ : Effective date, if $\sigma$	ther than the date of filing: _	(OPTIONAL)	
effective date is listed, the	date must be specific and	cannot be more than five business days prior to or 90 day	ys afte
e of filing.)	-		
	block does not meet the an	plicable statutory filing requirements, this date will not be	listed :
	the Department of State's		
uniciti s circetive date on	the Department of State 8	records.	
CLE VI: Other provisions, i	fany		
•	•		
			_

Maria Laura Camejo
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.

Maria Laura Camejo

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)