

To:

Page: 2 of 4

2023-10-23 20:01:40 GMT

13053284774

From: Yanet Avila

10/20/23 10:51 AM

L23000482061

Florida Department of State

Division of Corporations

Public File Cover

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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.

ARQUISOL INVESTMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY, OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARQUISOL INVESTMENT LLC

(Must end with 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:

11098 BISCAYNE BLVD
SUITE 401
PACIFIC, FL 3316111098 BISCAYNE BLVD
SUITE 401
PACIFIC, FL 33161

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:

FRANCO FLOREDA

Name

11098 BISCAYNE BLVD SUITE 401

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

PACIFIC

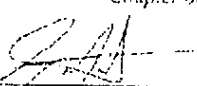
City

FL

33161

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.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

To

Page: 4 of 4

2023-10-23 20:01:42 GMT

1305328-774

From: Yanet Avila

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MARTIN CASTELLON

11998 BISCAYNE BLVD STE 401

MIRAGE FL 33161

AMGR

BRENDA WALLACE

11998 BISCAYNE BLVD STE 401

MIRAGE FL 33161

MGR

FRANCO MONCADA

11998 BISCAYNE BLVD STE 401

MIRAGE FL 33161

(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.)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:



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.)

FRANCO MONCADA

Typed or printed name of signer