

L23000509113

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000388968 3)))



H230003889683ABCE

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

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

Email Address: _____

2023 NOV -9 AM 9:42
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

**FLORIDA LIMITED LIABILITY CO.
CLOUDY COAST LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2023 NOV -9 PM 1:20
FILED
MAIL ASSISTANT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLOUDY COAST 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:

Mailing Address:

13348 SW 287TH TER
HOMESTEAD, FL 33033

13348 SW 287TH TER
HOMESTEAD, FL 33033

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:

JOSE ANTONIO DURAN BULGARELLI

Name

13348 SW 287TH TER

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

HOMESTEAD FL 33033

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 NOV -9 PM 1:20
FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

ARMANDO GERARDO RAMIREZ ARNUERO
13348 SW 287TH TER
HOMESTEAD, FL 33033

MGR

JOSE ANTONIO DURAN BULGARELLI
13348 SW 287TH TER
HOMESTEAD, FL 33033

(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.

ARMANDO GERARDO RAMIREZ ARNUERO OWNS 50% OF THE COMPANY
JOSE ANTONIO DURAN BULGARELLI OWNS 50% OF THE COMPANY

REQUIRED SIGNATURE:



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.

JOSE ANTONIO DURAN BULGARELLI

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)