## Norida Department of State Di Sion Compration Endonic Filing Cov. St.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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tmall.	Address:			

## FLORIDA LIMITED LIABILITY CO. R&A TRADING BUSINESS LLC

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

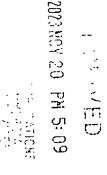
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Help

11/21/23



## ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:		<del></del>
564 SW 2ND ST MINHI. FL 33130		_
ARTICLE III - Peristand A		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	e 1 Liability }	
564 SW 2ND ST MIAMI. FL 33130		
ARTICLE IV The name and title of each person authorized to manage and control the Lim Liability Company: (MGR or AMBR)  Alexandro QuinTana Herreya	ited	
	202 NOV 20	77
	20 PA 5:	
	The same	_

## 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.

Alegandra Quintana Herrera 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, F.S..

Registered Agent's Signature (REQUIRED)

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