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.

(((H24000002433 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PRIME CORPORATE FILING SERVICES LLC

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Phone Fax Number

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Email Address: /NTO@PRIMETILING.COM

## FLORIDA LIMITED LIABILITY CO. Be United & Co LLC

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

From Prime Corporate Filing 1.305.564.6768 Wed Jan 3 13:09:17 2024 MST Page 2 of 3 (((H24000002433 3)))

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

# (Must end with the words "Limited Liability Company, "E.I. C.," or "LEC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Limited Limited Finbility Company is:

Principal Office Address:	Mailing Address:
325 NW 19th Ln	325 NW 19th Ln
Miami,FL 33136	Miami, FL 33136

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:

DOWNTOWN ACCO	UNTING MIAMI
Nac	ne .
255 E FLAGLER ST	Γ. SUITE 101
Florida street address (P.O. E	lox <u>NOT</u> acceptable)
MIAMI,	FL33131
City	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 finither 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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page LoC2

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Title:	Name and Address:
"AMBR" = Authorized Member	<u>,                                    </u>
"MGR" - Manager	Alvaro Felipe Cortes Beltran
AMBR	_325 NW 19th Ln
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Page 2 of 2