

To:

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2024-02-07 2:16:41 PM

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From: Alex Pina

2:17:24, 4 PM

The Florida Department of State

L240000065830

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ALEX PINA CO.  
Account Number : I20190000095  
Phone : (305)803-8471  
Fax Number : (305)602-3977

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

CLIENT@ALEXPINA.CO

Email Address: \_\_\_\_\_

ED

2024 FEB -7 PM 5:30

FLORIDA LIMITED LIABILITY CO.  
AGROPECUARIA ELIBERT CA LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
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TALLAHASSEE, FLORIDA

NS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

AGROPECUARIA ELIBERT CA 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:

1020 NW 62ND ST, ANGAR #3  
FORT LAUDERDALE FL 33309

Mailing Address:

7950 NW 53RD ST, STE 337  
MIAMI FL 33166

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

RAFAEL E URDANETA TORRES

Name

7950 NW 53RD ST, STE 337

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

MIAMI

FL

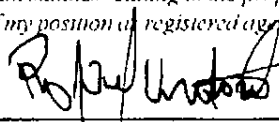
33166

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)

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 ALACHUA COUNTY, FLORIDA

**ARTICLE IV-**

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

AMBR

RAFAEL E URDANETA TORRES

6103 NW 114TH PL APT 257

DORAL FL 33178

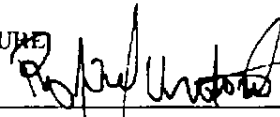
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/07/2024 (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.

**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

RAFAEL E URDANETA TORRES

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)