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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

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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	5	:
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FLORIDA LIMITED LIABILITY CO. CALLAYO LLC

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

Electronic Filing Menu Corporate Filing Menu

Help T. MATTHEWS

FEB 13 2024

Τo

3:3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

FILED
2024 FEB 12 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FL

CALLAYO 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:		<u>Mailing Address</u> :
3350 SW 129 MIAMI, FL 3		SAY	ME .
The Limited Liability Conother business entity v	red Agent, Registered Officent and a strong common serve as its of with an active Florida registration at the register of the register RAFAEL PEREZ	wn Registered Agent. ation.) ered agent are:	nt's Signature: You must designate an individual or
	**************************************	Name	
	3350 SW 129TH.	AVE	
	Plorida street add	ress (P.O. Box <u>XOT</u> a	cceptable)
	MIAMI	FL	33175
	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..

/a/ Rafaiel Perez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"MOR" = ManagerAMBR	RAFAEL PEREZ 3350 SW 129TH AVE MIAMI, FL 33175
(Use attachment if novessary)	
effective date is listed, the date must be spe te of filing.)	of filing:
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	nter or an authorized representative of a member.

Filing Fees:

Typed or printed same of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

RAFAEL PEREZ