

**L24000111654**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
STUCCO SUAREZ & SEQUEIRA LLC**

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5:51 PM 8-04-1707

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I – NAME****THE NAME OF THE LIMITED LIABILITY COMPANY IS:****STUCCO SUAREZ & SEQUEIRA LLC**

( Must end with 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****2895 NW 93TH ST  
MIAMI, FL 33147****2895 NW 93TH ST  
MIAMI, FL. 33147****ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:**

( The Limited Liability Company cannot serve as it own Registered Agent. You must designate and Individual or another business entity with an active Florida registration )

The name and the Florida street address of the registered agent are:

**ERVIN SUAREZ**

Name

**2895 NW 93TH ST**

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

**MIAMI, FL. 33147**

City, State, and 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 certificated, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature ( Required )

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as Follows:

Title:

Name and Address:

“MGR” = Manager

“MGRM” = Managing Member

**MGRM**

**ERVIN SUAREZ**  
**2895 NW 93TH ST**  
**MIAMI, FL. 33147**

**MGRM**

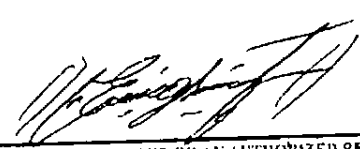
**ROBERTO SEQUEIRA**  
**2895 NW 93TH ST**  
**MIAMI, FL. 33147**

( Use attachment if necessary )

**ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILLING:**  
**02/27/2024, (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 FILLING.)**

**REQUIRED SIGNATURE:**

X

  
SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.  
( in accordance with section 605.409(3), Florida Statutes, the execution of this document constitutes  
an affirmation under the penalties of perjury that the facts stated herein are true. )

**ERVIN SUAREZ**

Typed or printed name of signee