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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LINO CHEPE Account Number : 120230000094 : (614)579-1707 Phone Fax Number : (305)602-9816

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

Email Address: \_\_\_\_\_linojavier18@gmail.com

# FLORIDA LIMITED LIABILITY CO. LATIN POWER & CLOUD LLC

| Certificate of Status | 0        |
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2024 HAR 26

From: OMHC OMHC

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# 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, "L.L.C.," or "LLC.")

LATIN POWER & CLOUD LLC

### **ARTICLE II - Address:**

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

14319 SW 103RD TER MIAMI FL 33186

# ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another husiness entity with an active Florida registration.)

LINO CHEPE

14319 SW 103RD TER MIAMI FL 33186

#### **ARTICLE IV-**

The name and title of each person authorized to manage and control the Limited Liability Company:

LINO CHEPE, MGR. - 14319 SW 103RD TER MIAMI FL 33186

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## Required Signatures:



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.

LINO CHEPE

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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