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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ATESIANO TAX SERVICES

Account Number : 120190000123

Phone : (305)928-1137

Fax Number : (786)349-4952

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

Email Address: Miricellys@gmail.com

FLORIDA LIMITED LIABILITY CO.

CAGUAS GROUP LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2024 APR -1 AM 8:35

CAGUAS GROUP LLC

TALLAHASSEE, FLORIDA

(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:Mailing Address:2791 NW 207 STSAMEMIAMI GARDENS, FL 33056

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:

MIRICELLYS ROMAN IRIZARRY

Name

2791 NW 207 STFlorida street address (P.O. Box NOT acceptable)MIAMI GARDENSFL33056

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.

Miricellys Roman Irizarry
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MIRICELLYS ROMAN IRIZARRY

2791 NW 207 ST

MIAMI GARDENS FL 33056

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Miricellys Roman Irizarry

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0103 (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.

MIRICELLYS ROMAN IRIZARRY

Typed or printed name of signee