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(Requestor's Name)	
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	City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Conies	Certificates of S	tatus
Certifica Copies	_ Continuates of O	10103
Special Instructions to I	Filing Officer:	

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		
Akapacha LLC		
Please Debit FC	A000000003 For: 125	
Thank you Seth	Neelev	
Stow	7	Art of Inc. File
		LTD Partnership File
·		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal = 3
		Annual Report / Reinstatement
		Cert. Copy 1 Source
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
/	,	Officer Search
4		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by:		UCC I or 3 File
Name	Date Time	UCC 11 Search
		UCC II Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJE	Tr: Akapacha LLC		
	Name of Limited Liability Company		
The enc	osed Articles of Organization and fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning this matter to the following:		
	Romy B. Jurado		
	Name of Person		_
	Jurado & Associates, P.A.		
	Firm/Company		_
	10800 Biscayne Boulevard Suite 850		
	Address		
	Miami, FL 33161		
	City/State and Zip Code		
	romy@juradolawfirm.com		
	E-mail address: (to be used for future annual report notification)		î.ÎU
or furthe	r information concerning this matter, please call:	•	2025 / P.S1, P.T. 1:1-2
	Andrea Aristeiguieta at (305) 921-0976		1
	Name of Person Area Code Daytime Telephone Number		P:
Enclosed	l is a check for the following amount:	- 1	
⊠\$ 125.	00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C (additional copy is enclosed)	of Status opy	&
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Akapach	na LLC
(Mus	contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and str	rect address of the principal office	e of the Limited Liability Company is:
2108 N St #46 Sacramento, 0		Mailing Address: 2108 N St #4693 Sacramento, CA 95816
(The Limited Liability Con another business entity wit	d Agent, Registered Office, & Fapany cannot serve as its own Regin an active Florida registration.) treet address of the registered age	gistered Agent. You must designate an individual or
-	Romy B	
	- N:	ame
	10800 Biscayne Bo	oulevard Suite 850
	Florida street address (P	O. Box NOT acceptable)
	Miami, FL 33161	
	City	State Zip
place designated in this certif further agree to comply with	icate, I hereby accept the appoint the provisions of all statutes relati he obligations of my position as re	of process for the above stated limited liability company at the ment as registered agent and agree to act in this capacity. It is not the proper and complete performance of my duties, and egistered agent as provided for in Chapter 605, F.S., Agent's Signature (REQUIRED)
	(0	CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Helga Carol Onojima Cabrera
	Jiron Pedro Bertonelli 686 San Juan de Miraflores, Peru
MGR	Eva Rocio Cubillas Quispe PJ Las Eritrinas N 129 Surco, Peru
(Use attachment if necessary)	
(If an effective date is listed, the date mus the date of filing.)	t be specific and cannot be more than five business days prior to or 90 days after as not meet the applicable statutory filing requirements, this date will not be listed as retment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Dang M. S. T.
This document is 1 am aware that a	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes. ny false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
	Diego Meseguer Salas
	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)