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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

ALBACETE LL	С		- 		
Please Debit FCA	N000000003 For: 1	30	_		
Thank you Seth N	Neeley		x	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	
A				RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy	
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Name	Date	Time		UCC 11 Retrieval	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
ALBACETE LLC			
(Must conta	n the words "Limited Liab	ility Company, "L.L.	C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal office	of the Limited Liabi	ility Company is:
Principa	Office Address:		Mailing Address:
79 SW 12TH ST APT MIAMI FL. 33130	1502	79 SW 12 MIAMI F	TH ST APT 1502 L, 33130
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	annot serve as its own Reg		
The name and the Florida street a	idress of the registered age	nt are:	
	ABITOS ADVISORS LL	C	<u>.</u>
	Na	me	
	255 ARAGON AVENUE Florida street address (P.	· i	able)
	CORAL GARLES	171	33134

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..

State

City

Registered Agenc's Stanture (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

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

	Title:	Name and Address:
	"AMBR" = Authorized	Member
	"MGR" = Manager	
	_MGR	SANTIAGO PUIGGARI
		79 SW 12TH ST APT 1502
		MIAMI FL. 33130
	MGR	CAMILA MEDICI 79 SW 12TH ST APT 1502
		MIAMI FL, 33130
	···	
	(Use attachment if neces	ward
	•	
RTIC	LEV: Effective date, if o	other than the date of filing: (OPTIONAL)
lf an ei	ffective date is listed, the	date must be specific and cannot be more than five business days prior to or 90 days aft
	of filing.)	
		s block does not meet the applicable statutory filing requirements, this date will not be listed
he doc	ument's effective date on	the Department of State's records.
RTIC	LE VI: Other provisions, i	ifany
	•	
	REOUIRED SIGNAT	'URE:

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

This document is executed in accordance with section 605.0203 (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.

SANTIAGO PUIGGARI Santiago Puiggari
Typed or printed name of signee