

LI4000181961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

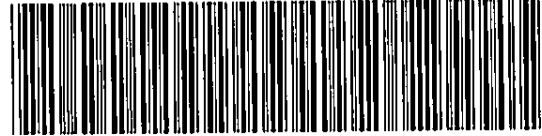
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300428121613

FILED
APR 22 10 21 AM
TALLAHASSEE, FLORIDA

RECEIVED
APR 22 PM 3:11
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 04/19/24
Order #: 1489248-1
Re: Ro Latam investments LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from your State Account: \$125.0 - FL State Account Number:

120000000195

AUTH

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the text "Amount to be deducted from your State Account".

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

A vertical rectangular stamp is located on the right side of the page. It contains the text "RECEIVED" at the top, followed by a date "APR 22 2024", and "DIVISION OF CORPORATIONS" at the bottom. The stamp is oriented vertically.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**TO: New Filing Section
Division of Corporations**

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ro Latam Investments LLC

(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:

14 NE 1st Ave Suite 1107

Miami FL 33132

Mailing Address:

14 NE 1st Ave Suite 1107

Miami FL 33132

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

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..

Corporation Service Company

By Shauna Godbolt

(CONTINUED)

2017 JUN 22 PM 3:45
[Signature]

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:

AMBR

Alejandro Suava 50%
14 NE 1st Ave Suite 1107
Miami FL 33132

AMBR

Pablo Martin Natalio Schwartz 50%
14 NE 1st Ave Suite 1107
Miami FL 33132

(Use attachment if necessary)

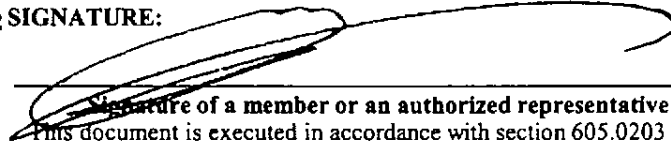
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Alejandro Suava

Typed or printed name of signer

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)**

FILED
JAN 11 2011
CLERK OF THE COURT
JAN 11 2011