

L24000187214

VOID

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies

Certificate of Status

Special Instructions to Filing Officer.

Office Use Only

VOID

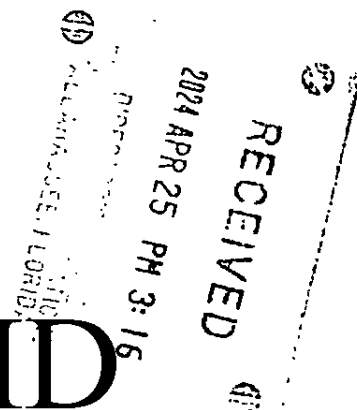


400428437104

VOID

VOID

VOID



**VOID**  
CSC Tallahassee  
201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

**VOID**

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 our State Account: \$160,000 FL State Account Number:

1200000000195

AUTH - *[Signature]*

**VOID**

**VOID**

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

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

**VOID**

**VOID**

COVER LETTER

VOID

VOI

TO: New Filing Section  
Division of Corporations

SUBJECT: Ro Latam Investments LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alejandro Suaya

Name of Person

Ro Latam Investments LLC

Firm/Company

14 NE 1st Ave Suite 1107

Address

Miami FL 33132

City/State and Zip Code

alejandro.suaya@rola.la

E-mail address: (to be used for future annual report notification)

VOID

For further information concerning this matter, please call:

Alejandro Suaya

786

553-7821

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

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



VOID

VOID

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

VOID

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.")

VOID

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

VOID

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)

VOID

VOID

VOID

ARTICLE V-

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:**

VOID

AMBR

Alejandro Suaya  
14 NE 1st Ave Suite 1107  
Miami FL 33132

AMBR

Pablo Martin Natalio Schwartz  
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.)

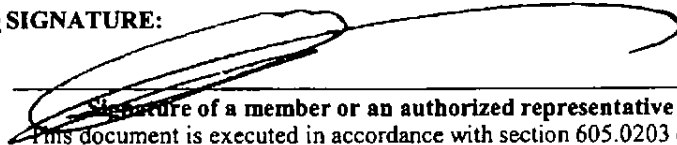
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

VOID

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 Suaya  
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)

CSC FIN-47532

VOID

VOID