Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations			
From:	Fax Number : (850)617-6381  Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	<u> </u>	20	
	Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	LLAHAS	1024 HAY -	
**[	Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.	future:	-3 PH 12:	
	Email Address:	- 0::10;	2: 55	

2024 HAY -3 AH 9: 30

## FLORIDA LIMITED LIABILITY CO. PACIFICO GROUP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORI	DALIMRED LIABILITY COMPANY LED
ARTICLE I - Name: The name of the Limited Liability Company is:	2024 HAY -3 PM 12: 55
PACIFICO GROUP, LLC (Must contain the words "Limited Liability	V Company "LLC "or "LLC"
ARTICLE II - Address: The mailing address and street address of the principal office of	,
Principal Office Address:	Mailing Address:
8430 SW 40TH STREET	8430 SW 40TH STREET
MIAMI, FL 33155	MIAMI, FL 33155
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	red Agent. You must designate an individual or
The name and the Florida street address of the registered agent at	re:
FRANCISCO W LUGO PACII Name	FICO

Name

8430 SW 40TH STREET

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

 MIAMI
 FL
 33155

 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE	IV-
The name of	-4 -4

the name and address of each person authorized to m	nanage and control the Limited Liability Company
---	--

Title:  "AMBR" = Authorized Member  "MGR" = Manager	Name and Address:
MGR	FRANCISCO W LUGO PACIFICO
	8430 SW 40TH STREET
	MIAMI, FL 33155
-	
<u>D</u>	DANILO DASCOLI-RADA
	11379 NW 7TH ST APT 101
	MIAMI, FL 33172
	<del></del>
e of filing.)  If the date inserted in this block does not me	of filing: 04/29/2024 (OFTIONAL)  cific and cannot be more than five business days prior to or 90 days after  cet the applicable statutory filing requirements, this date will not be listed a
CLE V: Effective date, if other than the date of feetive date is listed, the date must be speced of filing.)	care and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed a f State's records.
CLE V: Effective date, if other than the date of ffective date is listed, the date must be species of filing.)  If the date inserted in this block does not me ument's effective date on the Department of LE VI: Other provisions, if any.  ND ALL LAWFUL BUSINESSES  REQUIRED SIGNATURE:	care and cannot be more than five business days prior to or 90 days after bet the applicable statutory filing requirements, this date will not be listed a f State's records.