

Florida Department of State

Division of Corporations

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Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
CONFIANZA IMPORT, LLC

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

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DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

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DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CONFIANZA IMPORT, 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:

4490 SOLOMAR AVE

APT: 103

KISSIMMEE, FL 34746

Mailing Address:

4490 SOLOMAR AVE

APT: 103

KISSIMMEE, FL 34746

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:

HUMBERTO A. MEDINA S

Name

4490 SOLOMAR AVE, APT: 103

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

KISSIMMEE

FL

34746

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..

X Humberto Medina

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

HUMBERTO A. MEDINA S

4490 SOLOMAR AVE. APT: 103

KISSIMMEE, FL 34746

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/29/2024 (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.

ANY AND ALL LAWFUL BUSINESSES

REQUIRED SIGNATURE:

X Humberto Medina

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.

HUMBERTO A. MEDINA S

Typed or printed name of signee