

## Florida Department of State

Division Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : R&amp;P ACCOUNTING AND TAXES INC

Account Number : 120170000090

Phone : (305)358-1310

Fax Number : (305)503-6701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: arod8723@gmail.com

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## FLORIDA LIMITED LIABILITY CO.

## CAS SMART LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS

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Help

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company:*

**CAS SMART LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation  
"LLC," or "L.C.,")*

**ARTICLE II**

*The mailing address and street address of the principal office of the Limited Liability  
Company is:*

**Principal and Mailing Address**

**150 SE 2<sup>ND</sup> AVE STE 404  
MIAMI, FL 33131**

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### **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:*

**R&P ACCOUNTING & TAXES INC**

Name

**150 SE 2<sup>ND</sup> AVE STE 404**

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

**MIAMI, FL 33131**

*FL City, State, and 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

***Registered Agent's Signature (REQUIRED)***

**ARTICLE IV**

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):**

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

**AMBR**

**GABRIELA ALEJANDRA ARANIBAR DE LA ROCHA  
150 SE 2<sup>ND</sup> AVE STE 404  
MIAMI, FL 33131**

**70%**

**AMBR**

**LUIS FERNANDO ARANIBAR ALIAGA  
150 SE 2ND AVE STE 404  
MIAMI, FL 33131**

**30%**

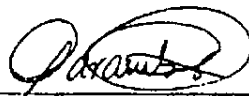
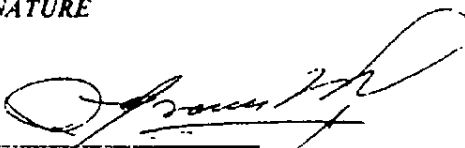
**ARTICLE V**

***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.)***

**MAY 16, 2024**

**REQUIRED: SIGNATURE**

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

**GABRIELA ALEJANDRA ARANIBAR DE LA ROCHA / LUIS FERNANDO ARANIBAR ALIAGA**

***(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)***

**ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

**THE MAIN OBJECTIVE OF THE COMPANY IS:**

**ECOMMERCE**