

# L24000233013

Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

FLORIDA LIMITED LIABILITY CO.  
ANDEZ SERVICES LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ANDEZ SERVICES 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:440 SW 11TH AVE #10  
MIAMI FL 33130Mailing Address:440 SW 11TH AVE #10  
MIAMI FL 33130

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

SILVIA ANDREA FIERRO RIFFO

Name

440 SW 11TH AVE #10Florida street address (P.O. Box **NOT** acceptable)MIAMI

City

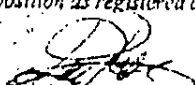
FLORIDA

State

33130

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

Title:

"AMBR" -- Authorized Member

"MGR" = Manager

Name and Address:

MGR \_\_\_\_\_

SILVIA ANDREA FIERRO RIFFO  
440 SW 11TH AVE #10  
MIAMI FLORIDA 33130

MGR \_\_\_\_\_

ALEJANDRO HERNANDEZ ALARCON  
440 SW 11TH AVE #10  
MIAMI FL 33130

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/24/2024 (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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

*Silvia Andrea Fierro Rizzo* *Alejandro Hernandez*

Typed or printed name of signee

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