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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : BUSINESS WORLD TRANSACTIONS, INC.  
Account Number : 104512000707  
Phone : (305)803-2736  
Fax Number : (305)646-1527

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

Email Address: \_\_\_\_\_

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FLORIDA LIMITED LIABILITY CO.  
ARMILA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00



July 16, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BUSINESS WORLD TRANSACTIONS, INC.

SUBJECT: ARMILA, LLC  
REF: W24000103270

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the complete address for all the person's authorized to manage the business.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Supervisor  
New Filings Section

FAX Aud. #: H24000241672  
Letter Number: 924A00015508

FILED  
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DIVISION OF CORPORATIONS  
2024 JUL 17 PM 5:56

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARMILA , 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:

2449 PIERCE ST  
APT. 2  
HOLLYWOOD, FL 33020

Mailing Address:

2449 PIERCE ST  
APT. 2  
HOLLYWOOD, FL 33020

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:

CLEYZA GUEVARA ZABALA

Name

2449 PIERCE ST APT 2

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

HOLLYWOOD FL 33020

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

CLEYZA GUEVARA ZABALA

2449 PIERCE ST APT 2

HOLLYWOOD, FL 33020

AMBR

EDWARDS MICETT

2449 PIERCE ST APT 2

HOLLYWOOD, FL 33020


(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

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.

EDWARDS MICETT

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)