

Florida Department of State

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

From:  
Account Name : CG TAX, INC.  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

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

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

FLORIDA LIMITED LIABILITY CO.  
ROMAJHEIC COMPANY SA, LLC.

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING

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

**ROMAJHEIC COMPANY SA, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**ROMAJHEIC COMPANY SA, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**5927 SW 70<sup>TH</sup> ST #430007  
SOUTH MIAMI, FL 33143**

The mailing address shall be:

**5927 SW 70<sup>TH</sup> ST #430007  
SOUTH MIAMI, FL 33143**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

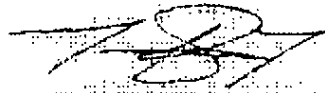
The name and the Florida street address of the registered agent are:

**MARCELINO, BONIFACIO MAMANI**

**5927 SW 70<sup>TH</sup> ST #430007  
Florida Street address (P.O. BOX NOT acceptable)  
SOUTH MIAMI, FL 33143  
City, State, and Zip**

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CLERK OF STATE  
TALLAHASSEE, FL

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

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

MARCELINO BONIFACIO MAMANI  
5927 SW 70TH ST #430007  
SOUTH MIAMI, FL 33143

AMBR

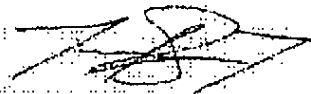
JOSE M. BONIFACIO MAMANI  
5927 SW 70TH ST #430007  
SOUTH MIAMI, FL 33143

MANAGER

GINA RIOS  
5927 SW 70TH ST #430007  
SOUTH MIAMI, FL 33143

MANAGER

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Signature of a member or an authorized representative of a member.  
(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.)

MARCELINO BONIFACIO MAMANI  
Typed or printed name of signer