

To:

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2024-08-19 10:05:08 GMT

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From: Yanet Avila

9/24, 2:01

Division of Corporations

Florida Department of State

Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
SURIE, LLC

Certificate of Status	0
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MS

MA

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

**ARTICLE I- Name**

**SURIE, LLC**

**ARTICLE II- Address:**

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

**Principal Office Address**

**600 PARKVIEW DR  
SUITE 530  
HALLANDALE, FLORIDA 33009**

**Mailing Address**

**600 PARKVIEW DR  
SUITE 530  
HALLANDALE FL, 33009**

**ARTICLES III-**

Other provisions if any

**ANY PURPOSE**

**ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:)**

(The Liability Company cannot serve as its own Register 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:

**MELINA LAURA ALVAREZ  
600 PARKVIEW DR  
SUITE 530  
HALLANDALE, FLORIDA 33009**

*Having been named as register 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 register 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 register agent as provided for in Chapter 633, F.S.*

Registered Agent's Signature (REQUIRED)

2024  
11  
9:11

**ARTICLES V- Manager {s} or Managing Member {s} of each Manager or Managing Member is as follows:**

**Title:**

**MELINA LAURA ALVAREZ  
600 PARKVIEW DR  
SUITE 530  
HALLANDALE, FLORIDA 33009**

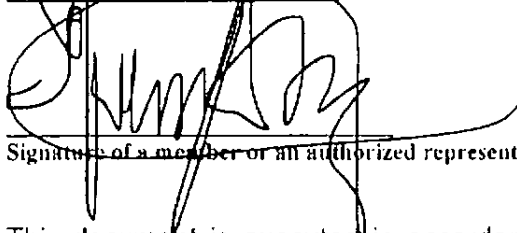
**AMBR**

**ADRIANA MENDOZA  
15795 NW 12<sup>TH</sup> CT.  
PEMBROKE PINES, FLORIDA 33028**

**MGR**

ARTICLE VI: effective date, if other than the date filing 08/14/2024 (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 filing)

**REQUIRED SIGNATURE:**

A handwritten signature in black ink, appearing to read 'Melina Laura Alvarez', is written over a horizontal line. The signature is stylized and cursive.

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 third degree felony as provided for in s. 817.155, F.S.

**MELINA LAURA ALVAREZ**

2024 Aug 13 18:05:08