

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L24000773596

Note: Please print this page and use it as a cover sheet. Type the fax and number (shown below) on the top and bottom of all pages of the document.

(((H24000287533 3)))



H240002875333ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

2024 AUG 27 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FL

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

From:
 Account Name : DOCUMENT PLANET INC
 Account Number : I20180000095
 Phone : (305)510-3848
 Fax Number : (786)789-2416

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

Email Address: info@documentplanetinc.com

FLORIDA LIMITED LIABILITY CO.
COMERCIALIZADORA ZULETA SANCHEZ LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

FILED
 SECRETARY OF STATE
 2024 AUG 27 PM 5:07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMERCIALIZADORA ZULETA SANCHEZ 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:

Mailing Address:

17320 NW 67 PLACE

17320 NW 67 PLACE

UNIT B

UNIT B

HIALEAH, FL 33015

HIALEAH, FL 33015

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:

NATALIA ZULETA SANCHEZ

Name

17320 NW 67 PLACE UNIT B

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

HIALEAH

FL

33015

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.

Natalia Zuleta

Registered Agent's Signature (REQUIRED)

(CONTINUED)

((H24000287533 3)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 AUG 27 PM 5:07

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 _____

NATALIA ZULETA SANCHEZ

17320 NW 67 PLACE UNIT B

HIALEAH, FL 33015

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/27/2024 (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:

Natalia Zuleta

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.317.155, F.S.

NATALIA ZULETA SANCHEZ

Typed or printed name of signee

((H24000287533 3))