Division of Corporations Electronic Filing Cover Sheet

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Email Address: adrianm@ecfilings.com

FLORIDA LIMITED LIABILITY CO. CARVAJAL BUSINESS GROUP LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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The name of the Limited Liability Company is:	
CARVAJAL BUSINE	SS GROUP LLC
(Must contain the words "Limited Liability Co	ompany, "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:
13233 SW 42ND ST	13233 SW 42ND ST
MIRAMAR, FL 33027	MIRAMAR, FL 33027
	and Alamata Planatones
(The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	I Agent. You must designate an individual or
(The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	I Agent. You must designate an individual or
The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: CARVAJAL,	I Agent. You must designate an individual or
	MARIA A.
(The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: CARVAJAL, Na	MARIA A. The state of the stat

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..

City

ria A. Carvajal (Alug 27, 2024 10:34 EDT)

Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:	at a fine the end	Name and Address:
"MGR" = Man	thorized Member ager	
AME	BR	CARVAJAL, MARIA A.
		13233 SW 42ND ST
		MIRAMAR, FL 33027
	· · · · · · · · · · · · · · · · · · ·	
 		
(Use attachmer	nt if necessary)	
ADTICLE V. Liferion	data if other than the date of	filing: (OPTIONAL)
ARTICLE VI: Other pro	SIGNATURE: Maria A. Signature of a meml This document is executed	Carva/al (A)g 27, 2024 10:34 EDT) ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State
		clony as provided for in s.817.155, F.S.
		CARVAJAL, MARIA A.
		Typed or printed name of signee
		2021 AUS 27 AUS 9: 16
	(((⊔240	UUJ86423 3)/)