

124000376664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

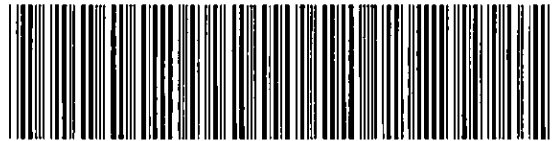
(Document Number)

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Special Instructions to Filing Officer:

Please add EIN that  
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SEC. OF STATE  
TALLAHASSEE, FL 323

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TALLAHASSEE, FL 323

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SXIPO TRADE HOLDINGS LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

NATALIE JARAMILLO YARCE

Name of Person

INTERNATIONAL GRUPO MEYER LLC

Firm/Company

3001 ALOMA AVE STE 112

Address

WINTER PARK, FL 32792

City/State and Zip Code

GRUPOMEYER@AIM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN MILLER MORALES

407

927-7055

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32311

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SXIPO TRADE HOLDINGS 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:

810 7TH ST  
OFFICE 104  
MIAMI BEACH, FL 33139

Mailing Address:

810 7TH ST  
OFFICE 104  
MIAMI BEACH, FL 33139

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:

INTERNATIONAL GRUPO MEYER LLC

Name

3001 ALOMA AVE STE 112

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

<u>WINTER PARK</u>	<u>FL</u>	<u>32792</u>
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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

NATALIE JARAMILLO YARCE  
810 7TH ST OFFICE 104  
MIAMI BEACH, FL 33139

\_\_\_\_\_

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(Use attachment if necessary)

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CLERK, DEPT. OF STATE  
TALLAHASSEE, FL

**ARTICLE V:** Effective date, if other than the date of filing: 08/28/2024 (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.

ANY LAWFULL BUSINESS

**REQUIRED SIGNATURE:**

Natalie Jaramillo

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.

NATALIE JARAMILLO YARCE

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)