

9/10/24, 3:52 PM

Division of Corporations

Florida Department of State

Division of Corporations

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
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FLORIDA LIMITED LIABILITY CO.

ECO IPANEMA LLC

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To: 12143174754 From: Anonymous Date: 09/06/24 Time: 7:25 PM Page: 01  
850-617-6381 9/6/2024 3:25:52 PM PAGE 1/001 Fax Server



September 6, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LEGALINC CORPORATE SERVICES INC.

SUBJECT: ECO IPANEMA LLC  
REF: W24000125383

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

If you have any further questions concerning your document, please call (850) 245-6052.

Frantz Clerjuste  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H24000301602  
Letter Number: 624A00020014

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ECO IPANEMA 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:

175 SW 7TH STREET, UNIT 1409  
MIAMI, FL 33130

Mailing Address:

175 SW 7TH STREET, UNIT 1409  
MIAMI, FL 33130

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:

JUAN GOMEZ

Name

175 SW 7th STREET, UNIT 1409

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

MIAMI

FL

33130

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.*

Juan Gomez

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:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

JAVIER GOMEZ  
175 SW 7TH STREET, SUITE 1409  
MIAMI, FL 33130

MGR

JUAN GOMEZ  
175 SW 7TH STREET, SUITE 1409  
MIAMI, FL 33130

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

Javier Gomez

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.

JAVIER GOMEZ

Typed or printed name of signer

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