Florida Department of State Division Control Entro Fine our second 3

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PRIME CORPORATE FILING SERVICES LLC

Account Number : I20230000092 Phone : (786)356-1156 Fax Number : (305)564-6768

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FLORIDA LIMITED LIABILITY CO. BOON F&H LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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WISION OF CORPORATION

From Prime Corporate Filing 1. (((H240003093883)))	. 305.564.6768	Wed Sep	11 09:56:44	2024 MDT	Page 2	of	3
ARTICLES OF ORGANIZATION I	FOR FLORIDA LIN	ATTED LIAI	BILITY COMPA	NY			
ARTICLE 1 - Name: The name of the Limited Liability Company is:	-		-				
BOON F&H LLC							
(Must contain the words "Lim	ited Liability Com	many 41 1	CHARMICH	17		-	

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

ARTICLE II - Address:

Mailing Address:

110 SW 12TH ST UNIT 1805 MIAMI, FL 33130 110 SW 12TH ST UNIT 1805 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:

Principal Office Address:

Name

14 NE 1st Ave, Suite 706

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

MIAMI, FL 33132

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..

Cesar Vidal

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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From Prime Corporate Filing 1.305.564.6768 Wed Sep 11 09:56:44 2024 MDT Page 3 of 3 ((H24000309388 3)))

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ART	IC.I	. t.	1 V -

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		
AMBR	MARTHA ELENA AMAYA GUTIERREZ	
	110 SW 12TH ST UNIT 1805	
	_MIAMI, FL 33130	
(Use attachment if necessary)		
ADTICLE VI. Effective data if other than the date	of filing: (OPTIONAL)	
(If an effective date is listed, the date must be sn	ecific and cannot be more than five business days prior to or 90 d.	ave after
the date of filing.)	teric and carrier be more than five business days prior to or 70 c.	ays areci
	neet the applicable statutory filing requirements, this date will not b	e listed as
the document's effective date on the Department		
ARTICLE VI: Other provisions, if any. THE PURPOSE OF THE ENTITY SHOULD B	E SDECIAL ECOD SERVICES	
THE FORFOSE OF THE ENTITY SHOOLD B	E SPECIAL FOOD SERVICES	
REQUIRED SIGNATURE:		
	71.0	
Approduce Approduce	Charles	
Signature of a me	ember or an authorized representative of a member.	
	ted in accordance with section 605.0203 (1) (b), Florida Statutes.	
	e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.	
	, ,	
MARTHA ELEI	NA AMAYA GUTIERREZ	
	Typed or printed name of signee	J

SECRETARY OF STATE SECRETARY OF STATE

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