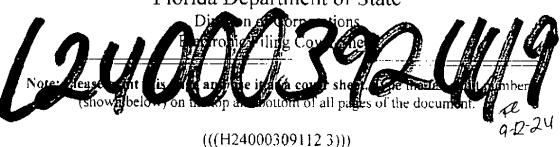
Florida Department of State





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PEDRO LUZQUINOS Account Number : I20170000042 Phone : (954)655-8413 Fax Number : (954)432-8807

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

Email Address:__

FLORIDA LIMITED LIABILITY CO. **COMEXFALABELLA LLC**

Comments in the Comments of th	
Certificate of Status	0
Certified Copy	0
Page Count	01
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COVER LETTER

	ew riting section ivision of Corporations		
SUBJECT	COMEXFALABELLA LLC		
SCHIECT		Limited Liabil	lity Company
The enclos	ed Articles of Organization and fee(s.) are submitted	for filing.
Please retu	m all correspondence concerning this	marter to the	following:
	TORO ESPADA , NINOSKA J.		
		Name of	Person
		Firm/Co	mpany
	12451 NW 15TH PŁ APT. 17106		,
		Addr	ress
	SUNRISE, FL 33323		
	pluzquinosť@hotmail.com	City/State an	d Zip Code
-	E-mail address: (to be us	sed for future a	nnual report notification)
For further in	nformation concerning this matter, ple	:asc call:	
	PEDRO LUZQUINOS	954	655-8413
	Name of Person	,	Daytime Telephone Number
Enclosed is	a check for the following amount:		
✓ \$125.00 Fi	ling Fee & Certificate of Status	Certifi	20 Filing Fee & S160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section
	Division of Corporations		Division of Corporations Clifton Building
	P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle

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Tallahassee, FL 32301

Tallahassee, FL 32314

1 >> 850-617-6381 H240003091123

P 3/4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

COMEXIALABEI					
(Must con	tain the words "Limited !	Liability Company,	"L.L.C.," or "LLC.")		
RTICLE II - Address: he mailing address and street a	address of the principal o	ffice of the Limited	Liability Company is:		
Princip	nal Office Address:		Mailing Address:		
12451 NW 15TH PI		1245	1 NW 15TH PL APT 17106		
he Limited Liability Company	ent, Registered Office, o	& Registered Agent Registered Agent	RISE, FL 33323		7 [
RTICLE III - Registered Ag The Limited Liability Company nother husiness entity with an	cnt, Registered Office, or y cannot serve as its own active Florida registration	& Registered Agent Negistered Agent N	RISE, FL 33323		7074 SF
RTICLE III - Registered Ag The Limited Liability Company nother husiness entity with an	cnt, Registered Office, or y cannot serve as its own active Florida registration	& Registered Agent Registered Agent N	RISE, FL 33323		7074 SFP 1
RTICLE III - Registered Ag The Limited Liability Company nother husiness entity with an	cent. Registered Office, of y cannot serve as its own active Florida registration address of the registered	& Registered Agent Registered Agent N	RISE, FL 33323	Sta 1, 248	7074 SEP 11
ARTICLE III - Registered Ag	cent. Registered Office, of y cannot serve as its own active Florida registration address of the registered	& Registered Agent Negistered Agent No.) agent are: NOSKA J. Name	RISE, FL 33323	Sta 1, 248	
RTICLE III - Registered Ag The Limited Liability Company nother husiness entity with an	gent, Registered Office, or y cannot serve as its own active Florida registration address of the registered TORO ESPADA, NI	& Registered Agent Registered Agent No.) agent are: NOSKA J. Name	RISE, FL 33323 t's Signature: 'ou must designate an individual or	355757 575 30 73 5757 575	?
ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	gent, Registered Office, or y cannot serve as its own active Florida registration address of the registered TORO ESPADA, NR	& Registered Agent Registered Agent No.) agent are: NOSKA J. Name	RISE, FL 33323 t's Signature: 'ou must designate an individual or	SUL MAN OF STA	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H240003091123

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	TORÓ ESPADA, NINOSKA J.
	12451 NW 15TH PL APT 17106 SUNRISE, FL 33323
	
(Use attachment if necessary)	
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c of filing.)	of filing:
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te of filing.) If the date inserted in this block does not mement's effective date on the Department of the Uther provisions, if any. REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not be lied of State's records.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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