

## Florida Department of State

**L24000408362**Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
MIDNIGHT EYES LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION**  
**FOR**  
**Midnight Eyes LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Florida Statutes Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LC.")*

Midnight Eyes LLC

**ARTICLE II - Address:**

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

5250 NW 84 Ave Doral, FL 33166

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

Lucas Lencina - 5250 NW 84 Ave Doral, FL 33166

**ARTICLE IV-**

The name and title (owner or manager) of each person authorized to manage and control the Limited Liability Company:

Lucas Lencina - Manager

MARIA CRISTINA CATERIANO ROSTWOROWSKI - Member


Ignacio Merlino - Member

**ARTICLE IV-**

**PURPOSES AND POWERS:**

The general purpose for which the Company is organized is to transact any and all lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

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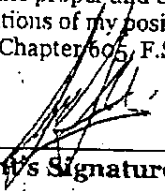
**Required Signatures:**  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Lucas Lencina

\_\_\_\_\_  
**Typed or printed name of signee**

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..

  
\_\_\_\_\_  
**Registered Agent's Signature (REQUIRED)**

**IN WITNESS WHEREOF, I have executed these Articles of  
Organization on this 09/20/2024**

  
\_\_\_\_\_  
Lucas Lencina

Manager

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA

1. The name of the Limited Liability Company is Midnight Eyes LLC
2. The name and the Florida street address of the registered agent and office are:

Lucas Lencina - 5250 NW 84 Ave Doral, Fl 33166

3. 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 capacity as registered agent. I further agree to comply with the  
provisions of all statute 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, Florida Statutes.

Date: 09-20-2024

Registered Agent

Lucas Lencina

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