HG:73.24

Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003154273)))



H240003154273ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

**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. ZAROVA GROUP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

24 SEP 23 PM 3: 21

TOPETANY PER CUE

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION

OF

ZAROVA GROUP, LLC

The undersigned, as a member of an authorized representative of a member of the Company pursuant to Chapter 605.0201, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named, ZAROVA GROUP, LLC

ARTICLE I.

NAME

The name of the Limited Liability Company shall be ZAROVA GROUP, LLC

ARTICLE II.

ADDRESS

The mailing address and street address of de principal office of the Limited Liability Company shall be 20900 NE 30 Avenue, Suite 200, Aventura, FI 33180

ARTICLE III.

DURATION

The period of duration for the Limited Company shall be perpetual.

ARTICLE IV.

PURPOSE OF ORGANIZATION

. .

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purposes permitted under Chapter 605.0201 of the Florida Statutes, as amended from time to time, and for any and all other applicable or governing laws of the State Of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

SECRE PART OF STATE
STATE OF STATE
STATE OF STATE

ARTICLE V.

MANAGEMENT

This Limited Liability Company shall be managed by one Authorized Member and the name and address of the Authorized Member is:

HECTOR MANUEL ZARAGOZA Pegaso 5844 Col Paseos del Sol Zapopan, Jalisco Mexico 45079

ARTICLE VI:

ADMISSION OF NEW MEMBERS

Unless otherwise herein specified new Members shall be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the total existing ownership interest each Member has in the Limited Liability Company. No individual Member and/or Authorized Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.

ARTICLE VII. CONTINUATION AFTER INVOLUNTARY TERMINATION

In the event of termination of the Limited Company due to death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to

continue the business of the Limited Liability Company provided that 100% of the ownership interest then remaining shall have to do so in writing.

HECTOR MANUEL ZARAGOZA
AUTHORIZED MEMBER

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 605.0201, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

ZAROVA GROUP, LLC 20900 NE 30 Avenue Suite 200 Aventura, Fl 33180

2. The name and address of the registered agent and office is:

HECTOR MANUEL ZARAGOZA Name

20900 NE 30 Avenue, Suite 200 (P.O. Box or Mail Drop NOT acceptable)

> Aventura FI 33180 (City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation 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 am familiar with and accept the obligations of my

SIGNATURE HECTOR MANUEL ZARAGOZA

DATE: 09/13/2024,