

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L2400041259**

9.30.24

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To:

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

From:

Account Name : CS TAX SOLUTIONS INC  
Account Number : I20220000082  
Phone : (305)235-6355  
Fax Number : (786)513-3784

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

Email Address: cstaxsolutions@bellsouth.net

RECEIVED

2024 SEP 25 AM 7:43

SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.  
MACARACUAY BAKERY, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

24 SEP 25 AM 10:00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MACARACUAY BAKERY, 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:Mailing Address:13405 SW 128 ST, SUITE 203  
MIAMI, FL 3318613405 SW 128 ST, SUITE 203  
MIAMI, FL 33186

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

RAUL VIEIRA CORREGEDOR

(Name)

13405 SW 128 ST, SUITE 203Florida street address (P.O. Box NOT acceptable)MIAMIFL33186

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.

  
Registered Agent's Signature (REQUIRED)

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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

AMBR

**Name and Address:**

RAUL VIEIRA CORREGEDOR  
 AVE PRINCIPAL MACARACUAY CALLE ARICHUNA  
 VENEZUELA 1020

AMBR

ALEXIS A. DE GOUVEIA PEREZ  
 AVE PRINCIPAL MACARACUAY CALLE ARICHUNA  
 VENEZUELA 1020

(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:**

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 § 817.155, F.S.

RAUL VIEIRA CORREGEDOR

Typed or printed name of signee

**Filing Fees:**

\$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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