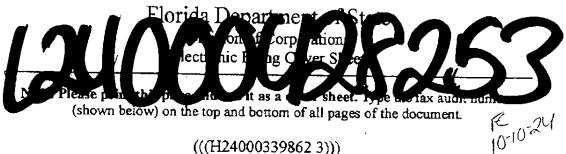
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Division of Corporations



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To:	Division of Cor Fax Number		:	2024-001	
from:	Account Name Account Number Phone	: GHSK SERVICES LLC : I20210000099 (305)317-0104 :	,) ,) • 1	-9 PH	
	Fax Number	(305)912-0420		TS 2:	•

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

Email Address: ____despinosa@ghsklaw.com

FLORIDA LIMITED LIABILITY CO. SIS-TER ALLIANCE LLC

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COVER LETTER

Division of (Section Corporations			
SUBJECT:	S	IS-TER ALLIAN	CE LLC	
, , , , , , , , , , , , , , , , , , ,	Name	of Limited Liabi	lity Company	
The enclosed Articles	of Organization and fe	ec(s) are submitted	for filing.	
Please return all corre	spondence concerning	this matter to the	following:	
		DARLIN I	SPINOSA	
<u> </u>		Name of	Person	
	Gra	nt Herrmann Sch	wartz & Klinger LLP	
 -		Firm/Co	ompany .	
	1001	BRICKELL BAY	DRIVE SUITE 1504	
		Add	ress	
		MIAMI, F		
		City/S tate ar billing@gh	nd Zip Code	
	E-mail address: (to b	e used for future	annual report notificat	ion)
For further information	concerning this matter	, please call:		
DARLIN	ESPINOSA	305 at (317-0104	•
N	ame of Person	Area Code	Daytime Telephon	e Number
Enclosed is a check for	r the following amoun	t		
■\$125.00 Filing Fee	□\$130.00 Filing Certificate of Sta	itus Certif	55.00 Filing Fee & Sied Copy and copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	fling Address		Street Address	
Div	w Filing Section rision of Corporations		New Filing Section D The Centre of Taliah	assee
). Box 6327 lzhassee, FL 32314		2415 N. Monroe Street Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		LLIANCE LLC	
(Must	contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and str	eet address of the principal office of	of the Limited Liability Company is:	
Pri	ncinal Office Address:	Mailing Address:	
		•	
MIAMI, FL 331 RTICLE III - Registered The Limited Liability Com	L BAY DRIVE STE 1504 31 Agent, Registered Office, & Re		2024
1001 BRICKEL MIAMI, FL 331 RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & Repany cannot serve as its own Regist an active Florida registration.) reet address of the registered agen	1001 BRICKELL BAY DRIVE STE 1504 MIAMI, FL 33131 egistered Agent's Signature: stered Agent. You must designate an individual or at are:	2024 OCT -
1001 BRICKEL MIAMI, FL 331 RTICLE III - Registered The Limited Liability Comnother business entity with	L BAY DRIVE STE 1504 31 Agent, Registered Office, & Repany cannot serve as its own Regist an active Florida registration.) rect address of the registered agen GHSK SERVICE	1001 BRICKELL BAY DRIVE STE 1504 MIAMI, FL 33131 egistered Agent's Signature: stered Agent. You must designate an individual or at are: CES LLC	—,
1001 BRICKEL MIAMI, FL 331 ARTICLE III - Registered The Limited Liability Comnother business entity with	L BAY DRIVE STE 1504 31 Agent, Registered Office, & Repany cannot serve as its own Regist an active Florida registration.) rect address of the registered agen GHSK SERVIC Nan 1001 BRICKELL BA	at are: CES LLC AY DRIVE STE 1504 MIANUE FL 33131 Registered Agent's Signature: Stered Agent. You must designate an individual or AY DRIVE STE 1504	-9 PM
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

83

30 .5 31

	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	MGR	Rossana Maria Alvarez C/O GHSK LLP 1001 BRICKELL BAY DRIVE STE 1504 MIAMI, FL 33131
i i	MGR	Laura Elisa Teran Zapata c/o CHSK LLP 1001 BRICKELL BAY DRIVE STE 1504 MIAMI, FL 33131
•-	MGR	Maria Isabel Term de Bonetti c/o CHSK LLP 1001 BRICKELL BAY DRIVE STE 1504 MIAMI, FL 33131
	MGR	Marcela Maria Teran Alvarez c/o GHSK LLP 1001 BRICKELL BAY DRIVE STE 1504 MIAMI, FL 33131
	MGR	Renata Maria Teran c/o GHSK LLP 1001 BRICKELL BAY DRIVE STE 1504 MIAMI, FL 33131
	(Use attachment if necessary)	E. FI.
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an ei date ote:] e door	LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) a specific and cannot be more than five business days prior to or 90 days a or meet the applicable statutory filing requirements, this date will not be list ent of State's records.
un ei e date ote:] e doo	LE V: Effective date, if other than the offective date is listed, the date must be of fling.) If the date inserted in this block does nument's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE:	or meet the applicable statutory filing requirements, this date will not be list ent of State's records.
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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)