Division of Corporations Electronic Filing Cover Sheet

Note: 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.

(((H240003460413)))



H240003460413ABCY

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 : PRIME CORPORATE FILING SERVICES LLC

Account Number : I20230000092

Phone Fax Number : (786)356-1156 : (305)564-6768

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

Email Address: NFO@PRIMETILING.COM

FLORIDA LIMITED LIABILITY CO. **ALLIANCE CREW LLC**

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

ARI	000346041)		<u>+</u>
- Dia anad	Hits Fire ARTICLES OF ORGANIZATION FOR	I FLORIDA LIMITE	D LIABILITY COMPANY
ARTI	CLE I - Name:		• :
The na	ame of the Limited Liability Company is:		
	ALLIANCE CREW LLC		
	(Must contain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")
	CLE II - Address:		
The m	ailing address and street address of the principal of	office of the Limite	d Liability Company is:
	Principal Office Address:		Mailing Address:
•	10773 NW 58th street # 344	10	773 NW 58th street # 344
riane Nasher	Doral, FL 33178	<u>D</u> c	oral, FL 33178
·			•
ARTIC	CLE III - Registered Agent, Registered Office,	& Registered Age	ent's Skenature:
(Inc L	CLE III - Registered Agent, Registered Office, imited Liability Company cannot serve as its own	i Registered Agent.	ent's Signature: You must designate an individual or
(Inc L	CLE III - Registered Agent, Registered Office, imited Liability Company cannot serve as its own business entity with an active Florida registration	i Registered Agent.	You must designate an individual or
anothe	imited Liability Company cannot serve as its own	n Registered Agent. on.)	ent's Signature: You must designate an individual or
anothe	imited Liability Company cannot serve as its own business entity with an active Florida registration me and the Florida street address of the registered	Registered Agent. on.) d agent are:	You must designate an individual or
anothe	imited Liability Company cannot serve as its own business entity with an active Florida registration	Registered Agent. on.) d agent are:	You must designate an individual or
anothe	imited Liability Company cannot serve as its own business entity with an active Florida registration me and the Florida street address of the registered	Registered Agent. on.) d agent are: INESS PARTN Name	You must designate an individual or
anothe	imited Liability Company cannot serve as its own business entity with an active Florida registration me and the Florida street address of the registered TRADE & BUSI	Registered Agent. on.) d agent are: INESS PARTN Name n street # 344	You must designate an individual or
anothe	imited Liability Company cannot serve as its own business entity with an active Florida registration me and the Florida street address of the registered TRADE & BUSING TRA	Registered Agent. on.) d agent are: INESS PARTN Name n street # 344	You must designate an individual or
anothe	imited Liability Company cannot serve as its own r business entity with an active Florida registration me and the Florida street address of the registered TRADE & BUSI 10773 NW 58th Florida street address	Registered Agent. on.) d agent are: INESS PARTN Name 1 Street # 344 s (P.O. Box NOT a	You must designate an individual or :: IERS, LLC acceptable)
Having by place des	imited Liability Company cannot serve as its own business entity with an active Florida registration me and the Florida street address of the registered TRADE & BUSI 10773 NW 58th Florida street address Doral,	Registered Agent. on.) d agent are: INESS PARTN Name 1 Street # 344 s (P.O. Box NOT a FL State ice of process for the cointment as register elating to the prope	You must designate an individual or IERS, LLC Icceptable) 33178 Zip e above stated limited liability company at the red agent and agree to act in this capacity. If and complete performance of my duties, and
Having by place des	imited Liability Company cannot serve as its own robusiness entity with an active Florida registration me and the Florida street address of the registered TRADE & BUS 10773 NW 58th Florida street address Doral, City 10 peen named as registered agent and to accept serving signated in this certificate, I hereby accept the apprigree to comply with the provisions of all statutes registered agent and to accept serving the apprigree to comply with the provisions of all statutes registered agent and to accept serving the apprint accept the apprint accept the apprint accept with the provisions of all statutes registered agent and to accept the apprint accept the accept the accept the apprint accept the apprint accept the acce	Registered Agent. on.) d agent are: INESS PARTN Name 1 Street # 344 s (P.O. Box NOT a FL State ice of process for the cointment as register elating to the propel as registered agent	You must designate an individual or IERS, LLC Icceptable) 33178 Zip e above stated limited liability company at the red agent and agree to act in this capacity. If and complete performance of my duties, and
Having by place des	imited Liability Company cannot serve as its own business entity with an active Florida registration me and the Florida street address of the registered TRADE & BUSI 10773 NW 58th Florida street address Doral City City Deen named as registered agent and to accept serving signated in this certificate. I hereby accept the approprie to comply with the provisions of all statutes reliar with and accept the obligations of my position Manuel Eche	Registered Agent. on.) d agent are: INESS PARTN Name 1 Street # 344 s (P.O. Box NOT a FL State ice of process for the cointment as register elating to the propel as registered agent	You must designate an individual or ERS, LLC Coceptable) 33178 Zip e above stated limited liability company at the red agent and agree to act in this capacity. It and complete performance of my duties, and as provided for in Chapter 605, F.S

2024 OCT 16 AH 9: 06

(# 240003460413)

From Prime Corporate Filing 1.305.564.6768 Wed Oct 16 11:02:09 2024 MDT Page 3 of 3 (H-24-600 346-641 3)

ARTICLE IV-

jt 11

The name and address of each person authorized to manage and control the Limited Liability Company:

	' = Authorized Member	Name and Address:	
	- Manager	Alliana latarania al Alliata Ola I TDA	
AMBR		Alliance International Allinter CIA, LTDA Rio cocoa E5 255 y Rio Arajuno	
		Quito, Ecuador	
		1	
AMBR		Manuel S. Cornejo	
	 	10773 NW 58th street # 344	
		Doral FL 33178	
MGR		Maria J. Guerrero	
		10773 NW 58th street # 344	
Ru :		Doral, FL 33178	
• •			
<u></u>			
	chment if necessary)		
E V: Effi ective dat	ective date, if other than the	date of filing: (OPTIC	ONAL) rior to or 90
E V: Effi ective dat of filing.)	ective date, if other than the ie is listed, the date must b inserted in this block does	not meet the applicable statutory filing requirements, this	rier to er 90
E V: Effi ective dat of filing.)	ective date, if other than the ie is listed, the date must b	not meet the applicable statutory filing requirements, this	rier to er 90
E V: Effictive date of filling.) the date iment's eff	ective date, if other than the se is listed, the date must be inserted in this block does rective date on the Department provisions, if any.	not meet the applicable statutory filing requirements, this nent of State's records.	rior to or 90 date will no
E V: Efficiently ending.) the date iment's efficient in EVI: Out	ective date, if other than the se is listed, the date must be inserted in this block does rective date on the Department provisions, if any.	not meet the applicable statutory filing requirements, this	rior to or 90 date will no
E V: Efficiently ending.) The date iment's efficient is cut.	ective date, if other than the se is listed, the date must be inserted in this block does rective date on the Department provisions, if any.	not meet the applicable statutory filing requirements, this nent of State's records.	rior to or 90 date will no
LE V: Efficiently date of filling.) If the date is ment's efficient is cut in the cut in	ective date, if other than the se is listed, the date must be inserted in this block does rective date on the Department provisions, if any.	not meet the applicable statutory filing requirements, this nent of State's records.	rior to or 90 date will no
E V: Effi lective dat of filing.) I the date ment's eff E VI: Oth RPOSE OF	ective date, if other than the le is listed, the date must be inserted in this block does rective date on the Department provisions, if any. THE ENTITY SHOULD BE IN	not meet the applicable statutory filing requirements, this nent of State's records.	rior to or 90 date will no
E V: Effi ective dat of filing.) the date ment's eff E VI: Oth RPOSE OF	ective date, if other than the se is listed, the date must be inserted in this block does rective date on the Department provisions, if any.	not meet the applicable statutory filing requirements, this nent of State's records.	rior to or 90 date will no
E V: Effi lective dat of filing.) I the date ment's eff E VI: Oth RPOSE OF	ective date, if other than the le is listed, the date must be inserted in this block does rective date on the Department provisions, if any. THE ENTITY SHOULD BE IN	not meet the applicable statutory filing requirements, this nent of State's records.	rior to or 90 date will no
E V: Effi lective dat of filing.) I the date ment's eff E VI: Oth RPOSE OF	ective date, if other than the se is listed, the date must be inserted in this block does rective date on the Department provisions, if any. THE ENTITY SHOULD BE IN THE ENTITY SHOULD BE IN SIGNATURE:	not meet the applicable statutory filing requirements, this nent of State's records. MPORT, DISTRIBUTION OF FOOD AND GENERAL PRODUCTS a member or an authorized representative of a member	rior to or 90 date will no
E V: Effi lective dat of filing.) I the date ment's eff E VI: Oth RPOSE OF	ective date, if other than the se is listed, the date must be inserted in this block does rective date on the Department provisions, if any. THE ENTITY SHOULD BE IN SIGNATURE: Signature of this document is expected.	not meet the applicable statutory filing requirements, this ment of State's records. MPORT, DISTRIBUTION OF FOOD AND GENERAL PRODUCTS a member or an authorized representative of a member secuted in accordance with section 605.0203 (1) (b), Florid	date will no
E V: Effi lective dat of filing.) I the date ment's eff E VI: Oth RPOSE OF	ective date, if other than the se is listed, the date must be inserted in this block does rective date on the Department provisions, if any. THE ENTITY SHOULD BE IN SIGNATURE: Signature of a This document is explained by the second	not meet the applicable statutory filing requirements, this ment of State's records. MPORT, DISTRIBUTION OF FOOD AND GENERAL PRODUCTS a member or an authorized representative of a member secuted in accordance with section 605.0203 (1) (b), Floric false information submitted in a document to the Departm	date will no
E V: Effi lective dat of filing.) I the date ment's eff E VI: Oth RPOSE OF	ective date, if other than the se is listed, the date must be inserted in this block does rective date on the Department provisions, if any. THE ENTITY SHOULD BE IN SIGNATURE: Signature of This document is explain a ware that any constitutes a third defined in the second state.	not meet the applicable statutory filing requirements, this ment of State's records. MPORT, DISTRIBUTION OF FOOD AND GENERAL PRODUCTS a member or an authorized representative of a member secuted in accordance with section 605.0203 (1) (b), Florid false information submitted in a document to the Department of the De	date will not food mark food mark food mark food mark food mark food food food food food food food foo
E V: Effi lective dat of filing.) I the date ment's eff E VI: Oth RPOSE OF	ective date, if other than the se is listed, the date must be inserted in this block does rective date on the Department provisions, if any. THE ENTITY SHOULD BE IN SIGNATURE: Signature of This document is explain a ware that any constitutes a third defined in the second state.	not meet the applicable statutory filing requirements, this ment of State's records. MPORT, DISTRIBUTION OF FOOD AND GENERAL PRODUCTS a member or an authorized representative of a member secuted in accordance with section 605.0203 (1) (b), Floric false information submitted in a document to the Departm	date will no

(H240003460413)

25