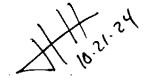
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Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* 조선 프**E**mail Address: 조선 조선

# FLORIDA LIMITED LIABILITY CO.

# Olivera's Family & Best Solution LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

To:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1- Name: The name of the Limited Liability Company is: Olivera's Family & Best Solution 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: 2525 West Crest Avenue 2525 West Crest Avenue Tampa, FL 33614 Tampa, FL 33614 ARTICLE III - Registered Agent, Registered Office, & 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:

ZenBusiness Inc.		
<del></del>	Del 100	
336 E. Coffege Ave	Suite 301	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	rceptable)
Tallahassee	FL.	32301
Ch/	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company a the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in Fis appacity. 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 Clipto 605. ES

Khadijeh Hemmati	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

ARTICLE IV-

To:

<u>le:</u>	Name and Address:
MBR" ≈ Authorized Member	
GR″ ≈ Manager	
dGR	Emilio Alberto Olivera Duque Estrada
	2525 West Crest Avenue
	Tampa, FL 33614

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.

(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

ARTICLE VI: Other provisions, if any.

### REQUIRED SIGNATURE:

ARTICLEV: Effective date, if other than the date of filing: \_\_



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 s.817.155, F.S.

Emilio Alberto Olivera Duque Estrada

Typed or printed name of signe

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

24 OCT 18 PM12: 59