

From: Robert Fanjul
10/31/24, 9:26 AM

Fax: 18775036086

To:

Fax: (850) 617-6381

Page: 1 of 3

10/31/2024 9:29 AM

Division of Corporations

L24000461804
Florida Department of State
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.

(((H24000362845 3)))



H240003628453ABC1

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 : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

RECEIVED
2024 OCT 31 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FL

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.
I GOT YOU USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED
2024 OCT 31 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T.J.H
10/31/24

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IGOT YOU USA 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:8001 NW 41ST ST APT 106MIAMI, FL 331668001 NW 41ST ST APT 106MIAMI, FL 33166

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:

JESMAR DEL CARMEN SILVA MARCANO

Name

8001 NW 41ST ST APT 106Florida street address (P.O. Box **NOT** acceptable)MIAMI

City

FL

State

33166

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)

(CONTINUED)

2024 OCT 31 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

ARTICLE IV-
 Name and Address
 Title
 Name and Address
 Title
 Name and Address
 Title

JESMAR DEL CARMEN SILVA MARCANO
 8001 NW 41ST ST APT 106
 MIAMI FL 33166

CLARIBEL DEL CARMEN SILVA SILVA
 8001 NW 41ST ST APT 106
 MIAMI FL 33166

(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.JESMAR DEL CARMEN SILVA MARCANO OWNS 50% OF THE COMPANYCLARIBEL DEL CARMEN SILVA SILVA OWNS 50% OF THE COMPANY**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 s.817.155, F.S.

JESMAR DEL CARMEN SILVA MARCANO

Typed or printed name of signee

ARTICLE II - Address
 The mail address of the

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)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2024 OCT 31 PM 4:05

FILED