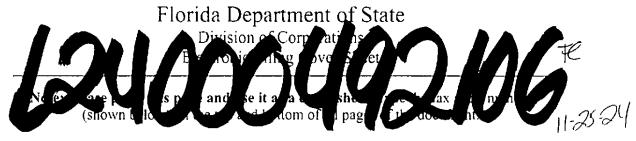
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Division of Corporations



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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

## FLORIDA LIMITED LIABILITY CO. PAMPA CAR SA LLC

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

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2024 NOV 22 AM 10: 01

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
PAMPA CAR SA 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:
5062 NW 74TH AVE	5062 NW 74TH AVE
MIAMI, FL 33166	MIAMI, FL 33166
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	rre:
ALEX PINA CO.	

Name

Florida street address (P.O. Box NOT acceptable)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

8400 NW 36TH ST STE 450

DORAL

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

•Ta: .. •

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager <u>MGR</u>	LEANDRO I MIOTTI 5062 NW 74TH AVE MIAMI. FL 33166		
<u>MGR</u>	SANTIAGO M ROMANO 5062 NW 74TH AVE MIAMI. FL 33166		
MGR	CHRISTIAN E SILBERGLEIT 5062 NW 74TH AVE MIAMI. FL 33166		<del></del>
			_
(Use attachment if necessary)		t).	202
in effective date is listed, the date must be	ate of filing:  specific and cannot be more than five busi  t meet the applicable statutory filing require	iness days prior to or	
FICLE VI: Other provisions, if any.	on state a records.	JF S1	PH 3

REQUIRED SIGNATURE:

M

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.

LEANDRO 1 MIOTTI

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)