# Clorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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

Email Address: adrianm@ecfilings.com

## FLORIDA LIMITED LIABILITY CO. DE LA PAZ INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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#### (((H24000399249 3)))

ARTICLES	OF ORGANIZATION FOR FLORIDA LI	IMITED LIAB	ILITY COMPANY
ARTICLE 1 - Name:			
The name of the Limited Liabi	hty Company is:		
	DE LA PAZ INVEST	MENTS LI	LC
(Must cor	nain the words "Limited Liability Co	mpany, "L.L.	C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal office of the l	Limited Liabi	lity Company is:
Principal Off	īce Address:		Mailing Address:
10350 NW 142N	ID ST, UNIT F157	10	350 NW 142ND ST, UNIT F157
HIALEAH,	FL 33018		HIALEAH, FL 33018
(The Limited Liability Compar another business entity with an	gent, Registered Office, & Registered by cannot serve as its own Registered active Florida registration.)  t address of the registered agent are:		
	DE LA PAZ MARREI	RO, ALFRE	EDO B.
	Nan	16	
	10350 NW 142ND	ST, UNIT	F157
	Florida street address (P.O. Box	NOT accepta	ıble)
	HIALEAH	FL	33018
	City		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 of the provided for in Chapter 605, F.S.,

Alfredo De LAP (z Marrero (Dec 4, 2024 11:55 EST)

Registered Agent's Signature (REQUIRED)

(CONTINUED)



### (((H24000399249 3)))

	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager				
AMBR	DE LA PAZ MARRERO, ALFREDO B.			
	10350 NW 142ND ST, UNIT F157			
	HIALEAH, FL 33018			
·····				
(Use attachment if necessary)				
TLE V: Effective date, if other than the date	e of filing:			
e of filing.) If the date inserted in this block does not r	meet the applicable statutory filing requirements, this date will not be l			
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e of filing.) If the date inserted in this block does not reument's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be li			

Typed or printed name of signee