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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*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. 2 GARCES MULTISERVICES LLC

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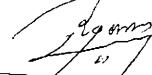
Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY EFFECTIVE 1-1-25

ARTICLE I - Name:
The name of the Limited Liability Company is:
2 GARCES Multisanviers LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
N 9910U1 183 2d Soite # 2241
N. miami beach TL 33169
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited: Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity
Radu Garces Santiestehan
99 NW 183 RD Suite #224 L
1. Miami Beach FL 33169
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Mady GARCES GANTISSTEPAN - AMBR
Jan Jan Jan BR

Required Signatures:



Signature of a member or an anthorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

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

Registered Agent's Signature (REQUIRED)