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# Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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(((H24000402366 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PRIME CORPORATE FILING SERVICES LLC

Account Number : I20230000092 Phone : (786)356-1156 Fax Number : (305)564-6768

inter the email address for this business entity to be used for future

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Email Address: info@primefiling.com

## FLORIDA LIMITED LIABILITY CO. **GARPLA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

**GARPLA 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:

2775 NE 187th ST, Apt # 505

2775 NE 187th St, Apt # 505

Aventura, FL 33180

Aventura, FL 33180

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:

TRADE & BUSINESS PARTNERS, LLC

Name

10773 NW 58th Street # 344

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

MIAMI,

FL

33178

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

Manuel Echeverria C.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FALLAHASSEE, FLORID

From Prime Corporate Filing 1.305.564.6768 Fri Dec 6 11:05:05 2024 MST Page 3 of 3 (((H24000402366 3)))

AR	TH	~T.	R.	rv.

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

Title:	Name and Address:			
"AMBR" - Authorized Memb "MGR" = Manager	<del>oct</del>			
AMBR	CARLOS GARCIA	80%		
	2775 NE 187th St. Apt # 505 Miami, FL 33180			
MGR	MARTIN GARCIA 2775 NE 187th St. Apt # 505 Miami, FL 33180	10%		
MGR	MAURICIO GARCIA	10%		
	2775 NE 187th St. Apt # 505 Miami, FL 33180	702		
		2024 DEC		
		DEC -6 PH 4: 4		
(Use attachment if necessary)				
an effective date is listed, the date a e date of filing.)	an the date of filing: (Of nust be specific and cannot be more than five business day does not meet the applicable statutory filing requirements, topartment of State's records.	rs prior to or 90 days after		
RTICLE VI: Other provisions, if any. THE PURPOSE OF THE ENTITY	SHOULD BE IMPORT AND EXPORT OF PLASTICS	AND WOOD.		
REQUIRED SIGNATURE:				
*	The Miles			
This documer I am aware th	re of a member or an authorized representative of a member of a me	lorida Statutes.		
	LOS GARCIA			

Typed or printed name of signee