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NAME: MIAMI CHA CHA CHA LLC

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COVER LETTER

	New Filing Section Division of Corporat	ions						
,	Miami Cha Cha C	Cha LLC						
SUBJEC	T:	Name of Lim	ited Liabili	ty Company		_		
The enclo	sed Articles of Organ	ization and fee(s) are	submitted	for filing.				
Please ret	urn all correspondenc	e concerning this ma	tter to the f	ollowing:				
	Valentina C. Peder	nonte					2024 DEC 11	
			Name of	Person			13.	
	NEXT Legal PLLO	•				6)-	-	
			Firm/Cor	npany			/ij/ 9: 4 7	7
	1395 Brickell Ave	me, 8th Floor				7 (2) 7 (1)	, r 1	•
			Addre	288				
	Miami, FL 33131							
	valentina@nextlega		ty/State and	l Zip Code				
	E-mail	address; (to be used	for future a	mual report notificat	ion)			
For further	information concerni	ng this matter, please	call:					
	Stephen Zagami	50 at (904-6696				
	Name of Po			Daytime Telephon	e Number	_		
Enclosed	is a check for the follo	owing amount:						
	0 Filing Fee □\$	_	Certific	,00 Filing Fee & d Copy Loopy is enclosed)	□\$160.0 Certificat Certified (additional)	e of Stati Copy	us &	
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee,	ection orporations 17	-	Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Fallahassee, FL 3230	assee et, Suite 810			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and stree	ontain the words "Limited et address of the principal c	- v -	"L.L.C.," or "LLC.")		
The mailing address and stree	et address of the principal c	ar each receive			
<u>Prin</u>		ornce of the Limited	Liability Company is:		
	cipal Office Address:		Mailing Ac	ddress:	
88SW 7th Street.	Miami, FL, 33109	8881	W 7th Street, Miami, I	FL, 33109	
					
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	any cannot serve as its owr an active Florida registration	n Registered Agent. Yon.)		individual or	2024 DEC 11 ET 9: 47
	-	_			
	Patricio Hernández I	Name		, 12.	လ
	88SW 7th Street			\tilde{B}_{I}^{*}	47
		ss (P.O. Box <u>NOT</u> ac	cceptable)		
	Miami	FL	33109	_	
	City	State	Zip		
Having been named as registere place designated in this certification further agree to comply with the am familiar with and accept the	ate. I hereby accept the app provisions of all statutes r	oointment as registere relating to the proper	ed agent and agree to a and complete perform	ict in this capac ance of my dutie	ity. I
	Dagier	tered Agent's Signati	ure (REOLIBED)	_	
	Regist	tered Agent's Signati	ure (REQUIRED)	_	

\cdot "WMRK" = W	.1 . 134 1	Name and Address:
"MGR" = Ma	uthorized Member	
MGR		Patricio Hernández Pons Anzures
DICH		88SW 7th Street, Miami, FL, 33109
	<u> </u>	
		7.79
		<u> </u>
ICLE V: Effective date is ate of filing.)	listed, the date must be s	the of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
ICLE V: Effective date is ate of filing.) If the date inser- locument's effecti	e date, if other than the da listed, the date must be s ted in this block does no we date on the Departmen	specific and cannot be more than five business days prior to or 90 days timeet the applicable statutory filing requirements, this date will not be
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ICLE V: Effective of effective date is ate of filing.) Effective date inser locument's effective ICLE VI: Other p	e date, if other than the datisted, the date must be steed in this block does no ve date on the Department rovisions, if any. SIGNATURE: Signature of a table of the document is executed in this document is executed any factories.	specific and cannot be more than five business days prior to or 90 days timeet the applicable statutory filing requirements, this date will not be
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ICLE V: Effective date is ate of filing.) If the date inser locument's effective ICLE VI: Other p	e date, if other than the datisted, the date must be steed in this block does no ye date on the Department rovisions, if any. SIGNATURE: Signature of a tag and the document is executed in a ware that any faconstitutes a third degree.	t meet the applicable statutory filing requirements, this date will not be not of State's records. Description of State's records. Description of a member of an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)