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FLORIDA LIMITED LIABILITY CO.  
GIARELLI 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 I - Name:

The name of the Limited Liability Company is:

GIARELLI LLC

(Must end with 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:9130 SW 21st ST  
MIAMI, FL 33165SAME

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

SERGIO A FLEITES, CPA

Name

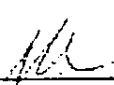
1575 SW 87TH AVEFlorida street address (P.O. Box **NOT** acceptable)MIAMI

City

FL33174

Zip

*Having been named as registered agent and to accept service of process for the above state:ed 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.*

  
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRName and Address:JAVIER GIARELLI9130 SW 21st STMIAMI, FL 33165

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2025 (OPTIONAL)

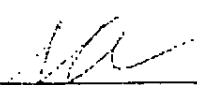
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any:

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**REQUIRED SIGNATURE:**

  
 Signature of a member or an authorized 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.)

SERGIO A FLEITES CPA - REGISTERED AGENT

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)**

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED


In pursuance of Chapter 607.34 Florida Statutes, the following is  
submitted, in compliance with said Act:

First: That, GIARELLI, LLC

desiring to organize under the laws of the State of Florida with its principal office  
as indicated in the articles of incorporation at the City of Miami, County of Miami-  
Dade, State of Florida has named Sergio A. Fleites, C.P.A., located at 1575 SW  
87 AVE, Miami, FL 33135, City of Miami, County of Miami-Dade, State of Florida,  
as its agent to accept service of process within this state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated  
corporation, at place designated in this certificate, I hereby accept to act in this  
capacity, and agree to comply with the provision of said Act relative to keeping  
open said office.

  
\_\_\_\_\_  
Sergio A. Fleites, C.P.A.  
(Registered Agent)

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