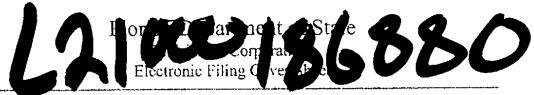
4/29/2021

Division of Corporations



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Help

From: Yanet Avila

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

$\mathbf{A}^{!}$	RТ	ICI	E I	-	Name
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The name of the Limited Liability Company is:

(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC,")
RTICLE II - Address:	51 1100 111110 00000
he mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
255 ALHAMBRA CIRCLE	SAME
STE 500-B	
CORAL GABLES, FL 33134	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

GUILLERMO TORRI	ES		
	Name		
255 ALHAMBRA CIF	CLE STE 500-H	ļ	
Florida street address	(P.O. Box <u>NOT</u> 8	wceptal	ole)
CORAL GABLES	FL		33134
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..

Guillermo Torres

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page: 4 of 4

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager **GUILLERMO TORRES** AMBR 55 ALHAMBRA CIRCLE (Lise attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.) Note: Af the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Quillermo Torres Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 \$.817.155, F.S. **GUILLERMO TORRES** 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)