rua Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6381

From:

: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Account Number : I20000000146 Phone

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Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

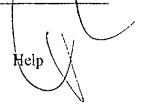
Email:	Address:			
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FLORIDA LIMITED LIABILITY CO. INVERSIONES SANTA BEATRIZ LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLE I - Name:

To:

The name of the Limited Liability Company is:

Inversiones Santa Beatriz 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:

1385 Coral Way, Suite 202

1385 Coral Way, Suite 202

Miami, FL 33145

Miami, FL 33145

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:

Francisca Lopez

Name

50 Ocean Lane Drive, Apt 303

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

Key Biscayne

Florida

33149

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..

(CONTINUED)

2022 AUG - 4 AM 8: C

To:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	Francisca Lopez		
MGR	50 Ocean Lane Drive, Key Biscayne, FL 33149		
AMBR	Patricio Lopez Camino el Caion 17729. Lo Barnechea		
	Santiago, Chile		
AMBR	Beatriz Boetsch Camino el Cajon 17729, Lo Barnechea		
	Santiago, Chile		
(Use attachment if necessary)			
LEV: Effective date, if other than the			
Factive date is listed the data would be	oe specific and cannot be more than five business days prior to or 90 d		
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of filing.) If the date inserted in this block does ument's effective date on the Department's effective date of the Depa			

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)