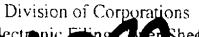
Florida Department of State



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : XOTCHILTH VALDIVIA

Account Number : 120220000025 : (305)332-1478 Fax Number : (305)456-4563

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

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FLORIDA LIMITED LIABILITY CO. CANALES S LLC

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COVER LETTER

	Division of Corporations
SUBJEC	CANALES S LLC
SOLVICE	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	um all correspondence concerning this matter to the following:
	ROMMEL ANTONIO CANALES RAMIREZ
	Name of Person
	CANALES S LLC
	Firm/Company
	632 NW 134TH AVENUE
	Address
	MIAMI, FL 33182
	City/State and Zip Code ROMMELCANALES72@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	ROMMELA, CANALES RAMIREZ 786 821 - 3400
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
11:35	0 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
115 01 101 18	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street. Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	CANALI	ES STLLC		
(Must contai	n the words "Limited	Liability Company, "L.	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal c	office of the Limited Lia	bility Company is:	
<u>Principal</u>	Office Address:		Mailing Address	:
632 NW 134TH AVENU	ΙE	632 NW	134TH AVENUE	
MIAMI, FL 33182		MIAMI	MIAMI, FL 33182	
		LA. CANALES RAMIRE Name		
	(22 NI	37 A 2 A 2011 A 3 2 C 2 K 11 S 12		
		W 134TH AVENUE SS (P.O. Box <u>NOT</u> acce	ptable)	
	Florida street addres	ss (P.O. Box <u>NOT</u> acce	ptable) 33182	
		 		

(CONTINUED)

Jul 19 24 11,42a Xotchilth Valdivia 3054564563 p.3

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	ROMMELIA CANALES RAMIREZ
	AS NW 134TH AVENUE MIAMI FL 33182
	MIAMI, FL 33182
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)	s not meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Depart CLE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be lister truent of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Depart CLE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days a s not meet the applicable statutory filing requirements, this date will not be liste truent of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must end of filing.) If the date inserted in this block does not be comment's effective date on the Depart of the VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is a management of the provision of the vicinity of	be specific and cannot be more than five business days prior to or 90 days a s not meet the applicable statutory filing requirements, this date will not be liste truent of State's records.

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)