# L25000020351

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Special Instructions to Filing Officer.				

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### WALK IN

	PICK UP: MISTY 12/30		
	CERTIFIED COPY		
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XX	FILING	LLC	
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SPECIAL I	INSTRUCTIONS:		

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ARTICLES OF ORGANIZATION FOR FLORI	IDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
A Hundred Ways Group, LLC	undred Ways Group, LLC  (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")  Address: dress and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  D NW 41st Street  Jonal, Florida 33178  Principal Office, & Registered Agent's Signature:  ability Company cannot serve as its own Registered Agent. You must designate an individual for sentity with an active Florida registration.)
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9500 NW 41st Street	9500 NW 41st Street
Doral, Florida 33178	Doral, Florida 33178
	gistered Agent's Signature: tered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	are:
VIA Lawyers, PLLC.	
Nam	e FA
8750 NW 36th Street Suite	

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

Florida Miami 33178 City Zip State

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)

ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
AMBR	Andrea Perez 9500 NW 41 Street Doral, FL 33178		
AMBR	Ana Irene Balza 9500 NW 41 Street Doral, FL 33178		
		2025 UAN	
		IIÀS IIÀS	
(Use attachment if necessary)  RTICLE V: Effective date, if other than the diff an effective date is listed, the date must be		M (JAKOITAO)	
ne date of filing.) Note: If the date inserted in this block does no		1 —	
he document's effective date on the Departme		nemo, min date will not be	miled an
RTICLE VI: Other provisions, if any. Any and all lawful business purpose.			
REQUIRED SIGNATURE:	LAA		<del></del>

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 s.817.155, F.S.

Alcjandro I. Velez, Esq. as authorized attorney representative
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)