

L25000023045

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000018149 3)))



H250000181493ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

2024 JAN 15 PM 4: 01

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
ASTRID BUSTAMANTE CARDENAS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

2025 JAN 15 PM 4: 24

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Astrid Bustamante Cardenas LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

6420 nw 114th ave unit 1322 Doral, FL
33178

2024 JAN 15 PM 4:01

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

Astrid Yolanda Bustamante Cardenas

6420 nw 114th ave unit 1322 Doral FL,

33178

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Astrid Yolanda Bustamante Cardenas (AMBR)

Required Signatures:

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.

Astred Yolanda Bustamante Cardenas
Typed or printed name of signee

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JAN 15 PM 4:01

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..

Registered Agent's Signature (REQUIRED)