

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L25000024024
FILED 8:00 AM
January 13, 2025
Sec. Of State
tscott

Article I

The name of the Limited Liability Company is:

LAS COMADRES OF INSURANCE LLC

Article II

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

5901 NW 183RD ST
SUITE 103
HIALEAH, FL. US 33015

The mailing address of the Limited Liability Company is:

6570 NW1ST CT
MARGATE, FL. US 33063

Article III

Other provisions, if any:

ANY OTHER BUSINESS

Article IV

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

MAYELIN VALDES
6570 NW 1ST CT
MARGATE, FL. 33063

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.

Registered Agent Signature: MAYELIN VALDES

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR
MAYELIN VALDES
6570 NW 1ST CT
MARGATE, FL. 33063 US

Title: AMBR
YOANDRA DOMINGUEZ
5501 NW 189TH TER
MIAMI GARDENS, FL. 33055 US

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Article VI

The effective date for this Limited Liability Company shall be:

01/13/2025

Signature of member or an authorized representative

Electronic Signature: MAYELIN VALDES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.