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COVER LETTER

	ng Section of Corporations		
	alva, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
he enclosed Arti	cles of Organization and fee(s) are	submitted for filing.	
lease return ali c	orrespondence concerning this mat	ter to the following:	
Janna	Matco, Esq.		2021
-		Name of Person	5
Ainsv	vorth & Clancy, PLLC		. 2
****		Firm/Company	
1826	Ponce de Leon Blvd.		2025 J.H 24 AH 9: 4
		Address	1
Coral	Gables, FL 33134		
		y/State and Zip Code	
info@	ousiness-esq.com		
6 han in 6a		or fiture annual report notification)	
r iuriner intermi	tion concerning this matter, please	cair:	
Јалла ————	Mateo 305		
	Name of Person Are	ea Code Daytime Telephone Number	
nclosed is a che	ck for the following amount:		
≣\$125.00 Filing	Fee ☐\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	0.00 Filing Fee, icate of Status & ied Copy nal copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Sebalva, LLC (Must	contain the words "Limited Lial	bility Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:	et address of the principal offic			
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
	(21)	1826	Ponce de Leon Blvd.	<u>်</u> က=
1826 Ponce de 1	COD BIVE			
The Limited Liability Companion business entity with	Agent, Registered Office, & I pany cannot serve as its own Re an active Florida registration.)	Cora Registered Agen gistered Agent. \	l Gables, FL 33134 t's Signature:	lual or
Coral Gables, Fl ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, & I	Registered Agent Sistered Agent. Sent are:	l Gables, FL 33134 t's Signature:	dual or
Coral Gables, Fl ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, & I pany cannot serve as its own Re an active Florida registration.) reet address of the registered ag	Registered Agent Sistered Agent. Sent are:	l Gables, FL 33134 t's Signature:	dual or
Coral Gables, Fl ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, & I pany cannot serve as its own Re an active Florida registration.) reet address of the registered ag	Registered Agent Sistered Sissurance Sistered Sistered Sistered Sistered Sistered Sistered Si	l Gables, FL 33134 t's Signature:	dual or
Coral Gables, Fl ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, & I pany cannot serve as its own Re an active Florida registration.) reet address of the registered ag Ainsworth & Clancy, Pl	Registered Agent Spent are: LLC ame	I Gables, FL 33134 It's Signature: You must designate an individe	dual or
Coral Gables, Fl ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, & I pany cannot serve as its own Re an active Florida registration.) reet address of the registered ag Ainsworth & Clancy, Pl N 1826 Ponce de Leon Bly	Registered Agent Spent are: LLC ame	I Gables, FL 33134 It's Signature: You must designate an individe	hual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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 Alexander Vasquez MGR 1826 Ponce de Leon Blvd Coral Gables, FL 33134 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ___ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURES

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.

Janna Mateo - Legal 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)