

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L25000033922

Note: Please print this page and use it as a cover sheet. Type the account number (shown below) in the top left bottom of the document.

(((H25000030195 3)))



H250000301953ABCZ

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 : R&P ACCOUNTING AND TAXES INC
Account Number : I20170000090
Phone : (305)358-1310
Fax Number : (305)503-6701

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

Email Address: arod0723@gmail.com

FLORIDA LIMITED LIABILITY CO.

BELEN 4HR LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

2025 JAN 27 AM 10:26

7:07 PM 4:56

STATE

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

ARTICLE I

The name of the Limited Liability Company:

BELEN 4HR LLC

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation
"LLC," or "L.C.,")*

ARTICLE II

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

Principal and Mailing Address

**8562 NW 56TH ST
DORAL, FL 33166**

17 JAN 27 PM 96 56
STATE
FILE

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

R&P ACCOUNTING & TAXES INC

Name

150 SE 2ND AVE STE 404

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

MIAMI, FL 33131

FL City, State, and Zip

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.

X-----

Registered Agent's Signature (REQUIRED)

2025 JAN 27 PM 4:56

13055036701

13055036701

ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s):

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

AMBR

MISAE L HIDALGO RODRIGUEZ 50%
8562 NW 56TH ST
DORAL, FL 33166

AMBR

JEANNETH HIDALGO RODRIGUEZ 50%
8562 NW 56TH ST
DORAL, FL 33166

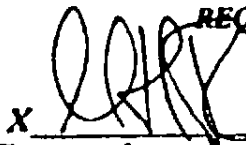
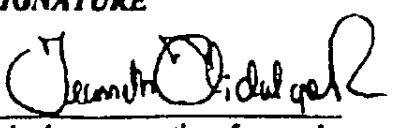
2025 JUN 27 PM 4:56
STATE

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.)

JANUARY 22, 2025

REQUIRED: SIGNATURE

x  
Signature of a member or an authorized representative of a member.

MISAE L HIDALGO RODRIGUEZ / JEANNETH HIDALGO RODRIGUEZ

(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.)

ARTICLE VI

The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

THE MAIN OBJECTIVE OF THE COMPANY IS:

COMMERCIALIZATION & IMPORT/EXPORT

2025 JAN 27 PM 4:56

2025

119