Florida Department of State

Division of Corporations

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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

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

Email Address: arod8723@gmail.com

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FLORIDA LIMITED LIABILITY CO.
BELEN 4HR LLC

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

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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

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

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2025 JAN 27 PM 4:56
TALLAHASSEE, FLORIDA

X----------

Registered Agent's Signature (REQUIRED)

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

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

AMBR

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

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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.

MISAEL 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