

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

Note: This print is page 1 of a 3 page sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

RECEIVED  
2025 FEB 10 PM 2:40

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

**Email Address:** \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

## CloudPayRemit LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

CloudPayRemit LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**26720 sw 142nd ave, apt 211, bldg 5  
homestead FL 33032 US**Mailing Address:**7901 4th St N STE 300  
homestead FL 33032 US**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:

Northwest Registered Agent LLC

Name

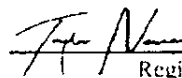
7901 4th St N STE 300Florida street address (P.O. Box **NOT** acceptable)St. Petersburg FL 33702

City

State

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Authorized Member

CUTIERREZ, LUIS

26720 sw 142nd ave, apt 211, bldg 5

homestead FL 33032 US

Authorized Member

Madriz, Pedro

edf. la puerta torre 2 apt 2c

punto fijo falcon 4102 VE

(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.

The objectives of this organization encompass the encouragement of foreign investment in Colombia, as well as  
providing advice and guidance for both newcomers and seasoned investors in the Colombian real estate market.

**REQUIRED SIGNATURE:**

*Nat Smith*

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.

Nat Smith

\_\_\_\_\_  
 Typed or printed name of signer

**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)