# 20026019

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : BERRIZ & GIRALDO P.A.

Name Availability ്രാദ്നേ**ent** examiner DCC Undafer Jimiliaiter DCC verilyer · n cledgement DUC ناتات . : /er

Account N Phone Fax Numbe	: (305) 485-9300		JIVISION OF C
LIN	MITED LIABILIT 907 WATER VII	<del>-</del>	* CORPORATION
DCC C	Certificate of Status	1	4 - <b>4</b>
DCC	Certified Copy	0	
P	age Count	04	
	stimated Charge	\$130,00	

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT COMPANY

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#### 907 WATER VIEW, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

907 WATER VIEW, LLC.

**ARTICLE II - ADDRESS** 

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

5151 COLLINS AVE # 725 MIAMI BEACH, FL. 33140

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

FERNANDO DAMIAN MAZZONI
Name

5151 COLLINS AVE # 725

Florida street address ( P.O.BOX NOT acceptable)

MIAMI BEACH, FL. 33140 City, State, and Zip

YOHIMA DEL CORRAL 4080 SW 84 AV MIAMI, FL 33155 305-4859300 Ho3 000 234 4825

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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 608, F.S..

REGISTERED AGENT'S SIGNATURE

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

LUIS BOBROWSKI 5151 COLLINS AVE # 725 MIAMI BEACH, FL. 33140

MANAGER

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

#### FERNANDO DAMIAN MAZZONI

Typed or printed name of signee

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