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EXAMINER

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Stella 15969, L.L.C.		
2020	Name of Limited Liability Company		
The enclo	osed Articles of Organization and fee(s) are submitted for filing.		
Please re	turn all correspondence concerning this matter to the following:		
	Lourdes Armengol, Esq.		
	Name of Person		
_	Law Office of Lourdes Armengol, PA		
	Firm/Company		
_	7850 NW 146 Street, Suite 424	=	_~
	Address	OE CA	1010
_	Miami Lakes, Fl. 33016 City/State and Zip Code	HAN - S N) FEB 19
	RY 0	19	
	farmengol@armengollaw.com E-mail address: (to be used for future annual report notification)	7.0	3
For furthe	er information concerning this matter, please call:	AIE	PH 2: 34
	Lourdes Armengol at (305) 820-2040		
	Name of Person Area Code & Daytime Telephone Number		
Enclosed	d is a check for the following amount:		
] \$125.00	O Filing Fee \$\Bigcup \\$130.00 Filing Fee & Biling	of Status opy	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	::
Stella 15969), L.L.C.
(Must end with the words "Limited Liab	ility Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liabilit company is:
	SH-K
Principal Office Address:	Mailing Address:
7850 W 146 Street, Suite 424 Miami Lakes, Fl. 33016	7850 W 146 Street, Suite 424 RE 424 R
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Lourdes Arme	ngol. Esquire
Name	
7850 W 146 Str	reet Suite 424
Florida street address (P.C	
Miami Lakes, Fl. 33016	•
City, State,	
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and isstered agent as provided for in Chapter 608, F.S

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Mana		Name and Address:			
"MGRM" = Ma	naging Member				
_Manager		Jorge L. Blanco	_		
		7850 W 146 Street, Suite 424	_		
		Miami Lakes, Fl. 33016	_		
Manager		Lourdes Armengol			
		7850 W 146 Street, Suite 424	_ ~		
		Miami Lakes, Fl. 33016	5 10		
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Z* T	10	A	— —		
(Use attachment	if necessary)				
ICLE V: Effective	date, if other than the	date of filing: (OPTIO	ONAL)		
		specific and cannot be more than five business		r	
90 days after the d					
DECLUBED OF	(0) () ()				
REQUIRED SI	GNATURE:	7 1			
		Suche Characal			
	Signature of a member	r or an authorized representative of a member.			
	(In accordance with sec	tion 608 408(3). Florida Statutes, the execution			
	(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 here	ein are true.)			
	Lourdes Armengol				
Filing Fees		ped or printed name of signee			
i ming Pees	<u>'-</u>				
\$125.00 Filing	Fee for Articles of Organ	nization and Designation			
of Reg	gistered Agent				

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)