

**L1590016A346**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : EPGD ATTORNEYS AT LAW, P.A.  
Account Number : I2014000049  
Phone : (786)837-6787  
Fax Number : (305)712-0687

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

Email Address: eric@epgdlaw.com

FLORIDA LIMITED LIABILITY CO.  
Matias E&J Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 SEP 25 PM 2:41

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ERIC P. GROS-DUBOIS, ESQ.  
DIRECT DIAL: (786) 837-6787  
DIRECT FAX: (305) 718-0687  
E-MAIL: ERIC@EPGD.LAW.COM

September 25, 2015

**VIA ELECTRONIC FILING**

Division of Corporations  
New Filing Section  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Matias E&J Holdings, LLC  
Articles of Organization**

To Whom It May Concern:

Enclosed please find the Articles of Organization for Matias E&J Holdings, LLC. Should you have any questions or concerns regarding anything in this letter, please do not hesitate to contact me at the address or phone number below.

Best Regards,

A handwritten signature in black ink, appearing to read "E P Gros-Dubois", is written over a horizontal line.

Eric P. Gros-Dubois, Esq.  
For the Firm

Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Matias E&J Holdings, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric P. Gros-Dubois, Esq.  
Name of Person  
EPGD Attorneys at Law, P.A.  
Firm/Company  
2701 Ponce de Leon Blvd., Ste. 202  
Address  
Coral Gables, FL 33134  
City/State and Zip Code  
eric@epgdlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric P. Gros-Dubois, Esq. 786 837-6787  
Name of Person at ( ) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Matias E&J Holdings, LLC

(Must end with 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:

Mailing Address:

2400 SW 27th Ave., Unit #305  
Miami, FL 33145

2400 SW 27th Ave., Unit #305  
Miami, FL 33145

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:

<u>EPGD Attorneys at Law, P.A.</u>		
Name		
<u>2701 Ponce de Leon Blvd., Ste. 202</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>Coral Gables</u>	<u>FL</u>	<u>33134</u>
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:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Elcris Matias  
2400 SW 27th Ave., Unit #305  
Miami, FL 33145

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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.-

Eric P. Gros-Dubois, Esq., Authorized Representative  
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)