

L19000072227

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000091203 3))



H19000091203A9CZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (352)517-6381

From: Account Name : POSIELLO & ASSOCIATES, P.A.  
Account Number : I19990009127  
Phone : (305)477-5671  
Fax Number : (305)477-2640

\*\*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.  
5350 Park 413, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED  
19 MAR 20 PM 12:29  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

(((H19000091203 3)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is 5350 Park 413, LLC.

**ARTICLE II - ADDRESS**

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

7950 NW 53rd Street, Suite 221  
Doral, FL 33166

**ARTICLE III - STATEMENT OF PURPOSE**

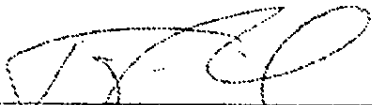
The purpose of the Limited Liability Company is to engage in any lawful activity for which the Limited Liability Company may be organized in this state.

**ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:**

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

Frank A, Rosillo, CPA, MST  
7950 NW 53rd Street, Suite 221  
Doral, FL 33166

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.

  
\_\_\_\_\_  
Frank A, Rosillo, CPA, MST

(((H19000091203 3)))

FILED  
19 MAR 20 PM 12:30  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

(((H19000091203 3)))

**ARTICLE V - MANAGEMENT**

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

-- Authorized Representative

Claudia Pilar Sensi-Contugi Barrera  
7950 NW 53rd Street, Suite 221  
Doral, FL 33166

Signature of a member or an authorized representative of a member

(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. I am aware that any false information submitted in a document to the Department of the State constitutes a third-degree felony as provided for in s.817.155, F.S.)

Claudia Pilar Sensi-Contugi Barrera

FILED  
19 MAR 20 PM 12:30  
TALLAHASSEE, FLORIDA

(((H19000091203 3)))