

Florida Department of State  
Division of Corporations  
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19 AUG - 1 AM 12: 51

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

From: Account Name : ROSTILLO & ASSOCIATES, P.A.  
Account Number : E19990000127  
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.  
Celestia Concepts & Investments, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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

**ARTICLE I - NAME**

The name of the Limited Liability Company is **Celestia Concepts & Investments, LLC**

**ARTICLE II - ADDRESS**

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

**7950 NW 53<sup>rd</sup>. Street Suite 221  
Doral, Florida 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  
7950 NW 53<sup>rd</sup>. Street Suite 221  
Doral, Florida 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**

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**ARTICLE V - MANAGEMENT**

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

**Name and Address:**

-AMBR – Authorized Member

**Kristen Agnes Castro  
7950 NW 53<sup>rd</sup>. Street Suite 22J  
Doral, Florida 33166**

*Kristen Agnes Castro*

**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.)

*Kristen Agnes Castro*

**Kristen Agnes Castro**

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