

L22000230726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

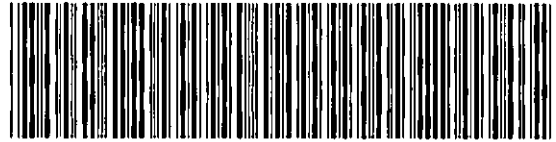
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200388549882

05/26/22 --01022 --017 **390.00

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY 26 PM 3:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAY 26 PM 3:13

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

1. PRAXI USA LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF GOOD STANDING

CHECK# 9277 FOR: \$390.00 (\$130.00 for this filing)

THANK YOU!

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: PRAXI USA 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:

CLARA MONTEAGUDO

Name of Person

CBA MIAMI LLC

Firm/Company

1600 Ponce de Leon Blvd Ste 901

Address

Coral Gables FL 33134

City/State and Zip Code

jaime.reyes@cbamiamius.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLARA MONTEAGUDO 786 3031578

Name of Person Area Code 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 MAY 26 PM 3: 13

SECRETARY OF STATE
TALLAHASSEE, FL

PRAXI USA LLC

(Must contain 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:

1600 PONCE DE LEON BLVD STE 901
CORAL GABLES FL 33134

1600 PONCE DE LEON BLVD STE 901
CORAL GABLES FL 33134

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:

JAIME REYES

Name

1140 ARECA WAY

Florida street address (P.O. Box **NOT** acceptable)

WESTON

FL

33327

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.

(Signature)
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

Name and Address:

MGR

PEDRO LOPEZ
605 OCEAN DRIVE, APT. 2M
KEY BISCAYNE FL 33149

MGR

MANUEL DOMINGUEZ
605 OCEAN DRIVE, APT. 2M
KEY BISCAYNE FL 33149

(Use attachment if necessary)

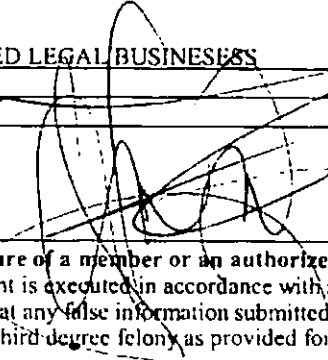
ARTICLE V: Effective date, if other than the date of filing: MAY 25, 2022. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to 90 days after the date of filing.)

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.

INVESTMENTS AND ALL RELATED LEGAL BUSINESS

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.

JAIME REYES

Typed or printed name of signee

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)

SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAY 26 PM 3:43

FILED