

# L22000312093

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.

((H22000240204 3)))



H220002402043ABCQ

**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 : (850)617-6381

From:  
Account Name : TPBS CORP  
Account Number : I20190000112  
Phone : (786)389-2779  
Fax Number : (305)356-3688

**\*\*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. WAKU LODGE LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

RECEIVED

2022 JUL 14 PM 4:39

REGISTRATION  
SPECIAL  
SERVICES

FILED

2023 JUL 14 AM 2:01

H220002402043

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WAKU LODGE 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:**

7367 NW 54TH ST  
MIAMI, FL 33166

**Mailing Address:**

7367 NW 54TH ST  
MIAMI, FL 33166

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:

ROSA MERCEDES GARCIA

Name

7367 NW 54TH ST

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

MIAMI

City

FL

State

33166

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.*

*Rosa Garcia*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUL 14 AM 2:01  
FL

H2200024020403

H220002402043

**ARTICLE IV-**

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

ROSA MERCEDES GARCIA  
7367 NW 54TH ST  
MIAMI, FL 33166

AMBR

MARY CARMEN GARCIA  
7367 NW 54TH ST  
MIAMI, FL 33166

MANAGER

RAUL RAFAEL CALDERA GARCIA  
7367 NW 54TH ST  
MIAMI, FL 33166

MANAGER

MARIA ROSA RODRIGUEZ GARCIA  
7367 NW 54TH ST  
MIAMI, FL 33166

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

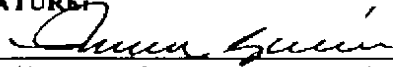
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

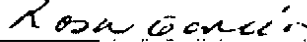
\_\_\_\_\_  
\_\_\_\_\_

**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.



Typed or printed name of signer

H220002402043