

# L23000058034

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.**

((H23000048997 3))



H230000489973ABC9

**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 : A. GARCIA & CO., P.A.  
Account Number : 12000000094  
Phone : (305)273-6525  
Fax Number : (305)273-6564

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

Email Address: \_\_\_\_\_

23 FEB - 7 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

### FLORIDA LIMITED LIABILITY CO. CUYAMAR PROPERTIES LLC

7 PM 12:20  
202

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

De

(((H23000048997 3)))

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CUYAMAR PROPERTIES LLC**

**ARTICLE II - Address:**

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

**6704 NW 82 AVE  
MIAMI, FL 33166**

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

**Perpetual**

**ARTICLE IV - REGISTERED AGENT**

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

**AMADO GARCIA  
11440 N KENDALL DR SUITE 401  
MIAMI, FL 33176**

23 FEB - 7 PM 1: 17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ACKNOWLEDGMENT:**

*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 - AMADO GARCIA

(((H23000048997 3)))

**ARTICLE V - Management:**

The Limited Liability Company is to be managed by authorized members and the name and address of the authorized members are:

**Title: Authorized Member  
ROBERTO CUYA  
6704 NW 82 AVE  
MIAMI, FL 33166**

**Title: Authorized Member  
MARIA ANTONIETA CANALES  
6704 NW 82 AVE  
MIAMI, FL 33166**

**Title: Authorized Member  
MARIA ALEJANDRA DAVILA  
6704 NW 82 AVE  
MIAMI, FL 33166**

**Title: Authorized Member  
TERESA INES RAMIREZ  
6704 NW 82 AVE  
MIAMI, FL 33166**

**Title: Authorized Member  
CARLOS CUYA  
6704 NW 82 AVE  
MIAMI, FL 33166**

23 FEB - 7 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

FILED

**ARTICLE VI - Effective Date**

These Articles of Organization shall be effective on

Date of execution and acknowledgment.

**ARTICLE VII - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Approved by all members.

(((H23000048997 3)))

**ARTICLE VIII - Members Rights to Continuc Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:


The members have the right to continuc operation upon the retirement of any member.


Every member upon the sale for cash of a membership shall have the right to purchase his pro rated share thereof at the price at which it is offered to others.


**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.

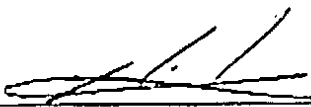
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.).

  
\_\_\_\_\_  
ROBERTO CUYA, authorized member – 02/06/2023

  
\_\_\_\_\_  
MARIA ANTONIETA CANALES, authorized member – 02/06/2023

  
\_\_\_\_\_  
MARIA ALEJANDRA DAVILA, authorized member – 02/06/2023

  
\_\_\_\_\_  
TERESA INES RAMIREZ, authorized member – 02/06/2023

  
\_\_\_\_\_  
CARLOS CUYA GERMAN, authorized member – 02/06/2023

23 FEB - 7 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED