

From: Yenet Avila

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.

(((H23000211419 3)))



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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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. 50300 BIMINI BAY, LLC

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

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

50300 Birnini Bav. 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:		
16615 SW 82 Ct.	16615 SW 82 Ct.		
Palmetto Bay, FL 33157	Palmetto Bay, FL 33157		

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:

Georgina Blanco, P.	Name	
10261 Sunset Dr., S	uite C-101	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)
Miami	FL	33173
City	State	Zin

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's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Arilys Rutkevich 16615 SW 82 Ct. Palmetto Bay, FL 33157
MGR	Israel Gomez 16615 SW 82 Ct. Palmetto Bay, FL 33157
	
(Use attachment if necessary)	
an effective date is listed, the date must be specificate of filing.) te: If the date inserted in this block does not	e of filing: June12,2023 . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days af meet the applicable statutory filing requirements, this date will not be liste t of State's records.
cocument s effective date on the Department	
the document's effective date on the Department TICLE VI: Other provisions, if any.	
·	

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Arilys Rutkevich, Manager

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

•

ſ