

L2200050996

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.

((H23000389911 3)))



H230003899113ABC3

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 : ALAN J. MARCUS, ATTORNEY AT LAW
Account Number : I20190000099
Phone : (305)937-1800
Fax Number : (305)937-1857

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

Email Address: dorona@mmgequitypartners.com

RECEIVED

2023 NOV -9 PM 4:31

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FLORIDA LIMITED LIABILITY CO.
CORAL 144 WETLANDS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2023 NOV -9 PM 4:43

11/13/23

T. MATTHEWS

NOV 13 2023

COVER LETTER

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

SUBJECT: CORAL 144 WETLANDS, 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:

ALAN J. MARCUS

Name of Person

ALAN J. MARCUS, ATTORNEY AT LAW

Firm/Company

20803 BISCAYNE BOULEVARD, SUITE 301

Address

AVENTURA, FL 33180

City/State and Zip Code

mpico@mmgequitypartners.com

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

For further information concerning this matter, please call:

ALAN J. MARCUS	305	937-1800
_____ Name of Person	at (_____)	_____ Daytime Telephone Number
	Area Code	

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2024 NOV -9 PM 4:43

ARTICLE I - Name:

The name of the Limited Liability Company is:

CORAL 144 WETLANDS, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

CLERK OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

9171 S. DIXIE HIGHWAY
PINECREST, FL 33156

Mailing Address:

9171 S. DIXIE HIGHWAY
PINECREST, FL 33156

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:

Martin Pico

Name

9171 S. DIXIE HIGHWAY

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

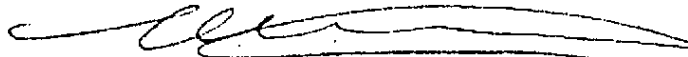
PINECREST FL 33156

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.



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:

<u>MGR</u>	<u>PICO, MARTIN</u> <u>9171 S. DIXIE HIGHWAY</u> <u>PINECREST, FL 33156</u>
<u>MGR</u>	<u>NAVARRO, MARCEL L.</u> <u>9171 S. DIXIE HIGHWAY</u> <u>PINECREST, FL 33156</u>
<u>MGR</u>	<u>NAVARRO, GABRIEL L.</u> <u>9171 S. DIXIE HIGHWAY</u> <u>PINECREST, FL 33156</u>
<u>VP</u>	<u>PUENTE, MARCOS</u> <u>9171 S. DIXIE HIGHWAY</u> <u>PINECREST, FL 33156</u>

(Use attachment if necessary)

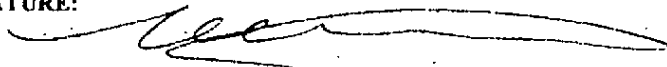
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

MARTIN PICO

Typed or printed name of signer

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)