

L22000257789

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**RECEIVED**  
2022 JUN -8 AM 11:44  
2022 JUN -8 PM 4:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
TALLAHASSEE, FLORIDA

QWIK COURIER

850-284-4584

1100

PLEASE PROCESS THE FOLLOWING.

PLEASE DO NOT PUT OUR NAME ON COVER LETTER

PLEASE USE NAME ON THE REQUEST.

PLEASE PUT IN OUR BOX WHEN COMPLETED

CUSTOMER Bel Rora Investments LLC  
Jorge Salcedo, ESQ.

2022 JUN -8 PM 4:24  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

RECEIVED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: BELROCA INVESTMENTS 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:

JORGE SALCEDO, ESQ.

Name of Person

SALCEDO ATTORNEYS AT LAW, P.A.

Firm/Company

200 S. BISCAYNE BLVD., SUITE 2700

Address

MIAMI, FL 33131

City/State and Zip Code

JSALCEDO@LAWJSH.COM

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

For further information concerning this matter, please call:

JORGE SALCEDO

305

375-0640

at ( )

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

FILED

2022 JUN -8 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BELROCA INVESMENTS 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:

79 SW 12 STREET

UNIT 2003-S

MIAMI, FL 33130

Mailing Address:

79 SW 12 STREET

UNIT 2003-S

MIAMI, FL 33130

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:

JSH REGISTER AGENT SERVICES INC

Name

200 S. BISCAYNE BLVD., SUITE 2700

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

MIAMI

FL

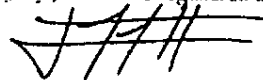
33131

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:**

MGR

ROBERTO SCHURMANN ROSALES  
79 SW 12 STREET, UNIT 2003-S  
MIAMI, FL 33130

MGR

RELEN BARRIONUEVO MIRALLES  
79 SW 12 STREET, UNIT 2003-S  
MIAMI, FL 33130

MGR

CAROLINA SCHURMANN BARRIONUEVO  
79 SW 12 STREET, UNIT 2003-S  
MIAMI, FL 33130

SECRETARY OF STATE  
TALLAHASSEE, FL

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(Use attachment if necessary)

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

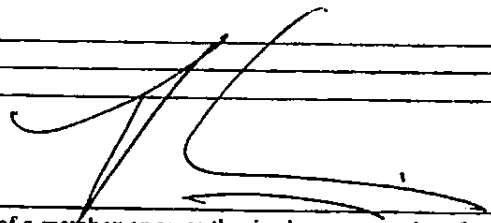
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

ROBERTO SCHURMANN ROSALES  
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)