

123000318342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

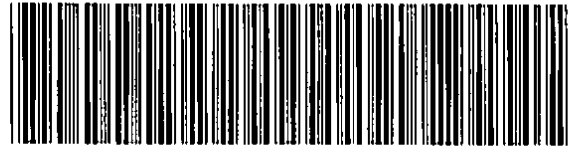
(Business Entity Name)

(Document Number)

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Rosanegra At Brickell LLC

Please Debit FCA000000003 For: 155

Thank you Seth Neeley



Signature

Requested by: SETH 07/05/2023

Name Date Time

Walk-In Will Pick Up

Art of Inc. File  
LTD Partnership File  
Foreign Corp. File  
☒ L.C. File  
Fictitious Name File  
Trade/Service Mark  
Merger File  
Art. of Amend. File  
RA Resignation  
Dissolution / Withdrawal  
Annual Report / Reinstatement  
☒ Cert. Copy  
Photo Copy  
Certificate of Good Standing  
Certificate of Status  
Certificate of Fictitious Name  
Corp Record Search  
Officer Search  
Fictitious Search  
Fictitious Owner Search  
Vehicle Search  
Driving Record  
UCC 1 or 3 File  
UCC 11 Search  
UCC 11 Retrieval  
Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROSANEGRA AT BRICKELL 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:

2121 Ponce de Leon Blvd., Ste. 1050  
Coral Gables, FL 33134

Mailing Address:

2121 Ponce de Leon Blvd., Ste. 1050  
Coral Gables, FL 33134

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:

Consulting Services of South Florida Inc.

Name

2121 Ponce de Leon Blvd., Ste. 1050

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

Coral Gables

FL

33134

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)

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TALLAHASSEE, FL

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGRM</u>	<u>Edmart Andrade</u> <u>2121 Ponce de Leon Blvd., Ste. 1050</u> <u>Coral Gables, FL 33134</u>
<u>MGRM</u>	<u>Eduardo Beaven</u> <u>2121 Ponce de Leon Blvd., Ste. 1050</u> <u>Coral Gables, FL 33134</u>
<u>MGRM</u>	<u>Alberto Lavalle</u> <u>2121 Ponce de Leon Blvd., Ste. 1050</u> <u>Coral Gables, FL 33134</u>
<u>MGRM</u>	<u>Ricardo Vega</u> <u>2121 Ponce de Leon Blvd., Ste. 1050</u> <u>Coral Gables, FL 33134</u>

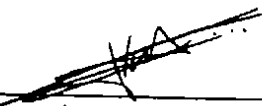
(Use attachment if necessary)

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.

\_\_\_\_\_  
EDMART ANDRADE  
Typed or printed name of signee

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TALLAHASSEE, FL

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**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

Juan Lopez

2121 Ponce de Leon Blvd., Ste. 1050

Coral Gables, FL 33134

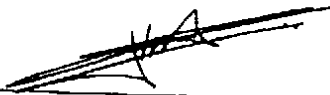
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\_\_\_\_\_  
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EDMART ANDRADE

\_\_\_\_\_  
Typed or printed name of signer

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