

LD 2000015836

Division of Corporations

https://cfssl.sos.state.fl.us/cipr/filecovr.exe

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

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.

((H02000156607 2)))

**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) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

DIVISION OF CORPORATION

02 JUN 25 AM 8:06

RECEIVED

**LIMITED LIABILITY COMPANY**  
**CALDER WEST ACQUISITIONS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

WLC/25

02 JUN 24 AM 8:33

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CALDER WEST ACQUISITIONS, LLC**

**ARTICLE II - Address**

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

**5300 NW 33 AVENUE STE 117  
FORT LAUDERDALE, FL 33309**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**ALLAN SERCHAY**

-----  
Name

**5300 NW 33 AVENUE STE 117**

-----  
Florida Street address (P.O. Box NOT acceptable)

**FORT LAUDERDALE, FL 33309**

-----  
City, State, and 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 608, F.S.*

  
-----  
Registered Agent's Signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JUN 24 AM 8:33

**Article IV - Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)

*Tiago Sampa Oliveria*

Signature of a member of an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

TIAGO OLIVERIA

Typed or printed name of signer

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JUN 24 AM 8:34