

**L030000026018**

**Florida Department of State  
Division of Corporations  
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**To:**  
Division of Corporations  
Fax Number : (850) 205-0383

**From:**  
Account Name : BERRIZ & GIRALDO P.A.  
Account Number : T19990000017  
Phone : (305) 485-9300  
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**LIMITED LIABILITY COMPANY**

**1900 BAY, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

*File 03*

403 000 234 5301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF

1900 BAY, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

1900 BAY, LLC.

ARTICLE II - ADDRESS

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

5151 COLLINS AVE # 725  
MIAMI BEACH, FL. 33140

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:

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

FERNANDO DAMIAN MAZZONI

Name

5151 COLLINS AVE # 725

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

MIAMI BEACH, FL. 33140

City, State, and Zip

03 JUL 16 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

YOHIMA DEL CORRAL  
4080 SW 84 AV  
MIAMI, FL 33155  
305-4859300

403 000 234 5301

403 000 234 5301

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

#### ARTICLE IV- MANAGEMENT

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

**SARA OJMAN**  
**5151 COLLINS AVE # 725**  
**MIAMI BEACH , FL. 33140**

**MANAGER**

**JAIME OJMAN**  
**5151 COLLINS AVE # 725**  
**MIAMI BEACH , FL. 33140**

**MANAGER**

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



Signature of a member or 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.)

**FERNANDO DAMIAN MAZZONI**  
Typed or printed name of signee

403 000 234 5301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED