

LO4000029991

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

pauline winick partners, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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DIVISION OF CORPORATION

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JR

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

③

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAULINE WINICK PARTNERS, LLC

Article II - Address:

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

Principal Office Address:

4925 COLLINS AVE

12 A

MIAMI BEACH, FL. 33140

Mailing Address:

4925 COLLINS AVE.

12 A

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:

PEDRO M. GALLINAR

Name

6701 SUNSET DR. # 101

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

MIAMI, FL. 33143

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 808, F.S..



Registered Agent's Signature

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ARTICLE IV - Management / Member(s):

The name(s) and address(es) of each Manager or Managing Member is as follows"

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

PAULINE WINICK

4925 COLLINS AVE. # 12A

MIAMI BEACH, FL. 33140

(Use attachment if necessary)

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Pedro M. Gallardo, Authorized Representative

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

(In accordance with section 500.406(3), Florida Statutes,
the execution of this document constitutes an affirmation under
the penalties of perjury that the facts stated herein are true.)

PEDRO M. GALLARDO

Typed or printed name of signer

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