105000029402

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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TRANSMITTAL LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Alcalde & Fay of Florida, LLC		
(Name of Limite	d Liability Company)	
ı		
The enclosed Articles of Organization and fee(s) are st	ubmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
1		
Alfredo J. Balsera		
. (1	Name of Person)	
T.		# 10 m
Alcalde & Fay of Florida, LLC		TOTAL SEE FLORIDA
	Firm/Company)	
:		03
1		360
3663 SW 8 Street, Suite 200		70
	(Address)	
Miami, FL 33135		
(City)	State and Zip Code)	
'		
For further information concerning this matter, please	call:	
Alfredo J. Balsera	at (305) 441-1272	
(Name of Person)	(Area Code & Daytime Te	elephone 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	\$ \$160.00 Filing Fee, Certificate of Status &
Controlle of States	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING A	DDRESS:
Registration Section	Registration S	
Division of Corporations	Division of Co	orporations
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 632	
i alialiassee, Fiolida sessy	Tallahassee, F	1011ud 34314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
	TO THE PERSON OF
Alcalde & Fay of Florida, LLC	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3663 SW 8 Street, Suite 200 Miami, FL 33135	same
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Alfredo J. Balsera	
Name	
3663 SW 8 Street, Suite 200	
Florida street addr	ess (P.O. Box NOT acceptable)
Miarni, FL 33135 City, State, ar	FL 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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	,	,
MGRM	Hector Alcalde	
	2111 Wilson Boulevard, 8th Floor	-
	Additional to 1/4 00004	~; <u>``</u>
i	9	
MGRM	Sylvester Lukis 3663 SW 8 Street, Suite 200 Miami, FL 33135 Alfredo J. Balsera 3663 SW 8 Street, Suite 200 Miami, FL 33135	•
	3663 SW 8 Street, Suite 200	
	Miami, FL 33135	'.
· ·	\$60 Q	<u> </u>
MGRM	Alfredo J. Balsera	
	3663 SW 8 Street, Suite 200	_
	Miami, FL 33135	
	Det.	
	and the second s	
•		
(Use attachment if necessary)		
(,,,		
NOTE: An additional article must be	added if an effective date is requested.	
	, , , , , , , , , , , , , , , , , , ,	
REQUIRED SIGNATURE:		
_		
	<u>~ 7. /3 / </u>	
Signature of a member of	r an authorized representative of a member.	
(In accordance with section	n 608.408(3), Florida Statutes, the execution	
	es an affirmation under the penalties of perjury	
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)