

W5000039523

Florida Department of State  
Division of Corporations  
Public Access System

(3)

Electronic Filing Cover Sheet

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**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.**

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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

RECEIVED

05 APR 21 AM 8:13

DIVISION OF CORPORATIONS

05 APR 21 PM 4:48

**LIMITED LIABILITY COMPANY**

**cascade icm llc**

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

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③

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cascade ICM LLC

ARTICLE II - Address:

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

Principal Office Address:

1414 N.W. 107 Ave.

Suite 109

Miami, Florida 33172

Mailing Address:

1414 N.W. 107 Ave.

Suite 109

Miami, Florida 33172

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

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

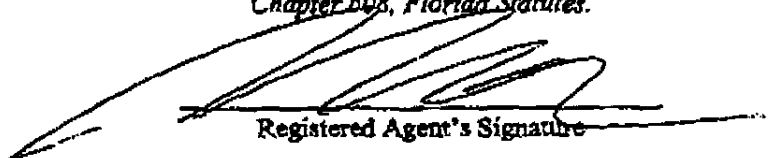
Maria Fernandez-Valle  
Name

10570 N.W. 27<sup>th</sup> Street, Unit 103  
Florida street address

Miami, Florida 33172  
City, State, and Zip

05 APR 21 PM 1:48

*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, Florida Statutes.*

  
Registered Agent's Signature

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Page 1 of 2  
(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  
"MGRM" = Managing Member

**Name and Address:**

MGRM

Jorge Fernandez-Pla  
1414 N.W. 107 Ave.  
Suite 109  
Miami, Florida 33172

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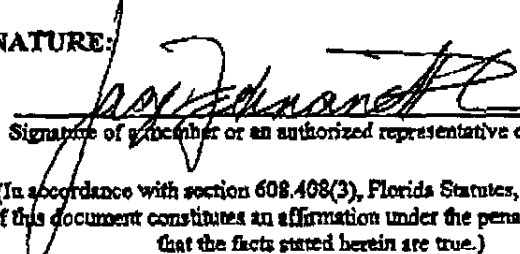
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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
Signature of 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.)

Jorge Fernandez-Pla  
Typed or printed name of signer

**Filing Fees:**

- \$100.00 Filing Fee for Article of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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