

# L05000048184

**Florida Department of State  
Division of Corporations  
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(((H05000122466 3)))

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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From:**

Account Name : MICHAEL J. FREEMAN, P.A.  
Account Number : 072720000142  
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 DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

**Principessa, LLC**

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Principessa, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

153 Sevilla Avenue  
Coral Gables, FL 33134

**Mailing Address:**

P.O. Box 140668  
Coral Gables, FL 33114

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

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

M. J. F. Registered Agent Corp.

Name

153 Sevilla Avenue

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

Coral Gables, FL 33134

FL

City, State, and Zip

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*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.*

 Pres.  
Registered Agent's Signature

(CONTINUED)

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**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:**

MGR/MGRM

Miriam Roldos-Baez

P. O. Box 140688

Coral Gables, FL 33114

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
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.)

Miriam Roldos-Baez

Typed or printed name of signer

**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)

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