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DIVISION OF CORPORATIONS

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 OCT 17 AM 10:25

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LR 10/18/05

**LIMITED LIABILITY COMPANY**

atlantic 1705, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
ATLANTIC I 1705, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Atlantic I 1705, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Arvesu & Associates, PLLC 201 Alhambra Circle, Suite 502, Coral Gables, Florida 33134.

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

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

Arvesu & Associates, PLLC

Name

201 Alhambra Circle, Suite 502

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

Coral Gables, Florida 33034

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 608.F.S.*

**ARTICLE IV - Management (Check box if applicable.)**

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

Monica Alfonso Martinez

  
Registered Agent's 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 affidavit constitutes and affirmation under the penalties of perjury that the facts stated herein are true.)

**FILED**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA