Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. 4B DELPLATA LLC

Certificate of Status Certified Copy Page Count Estimated Charge

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| | FOR FLORIDA LIMITED LIABILITY COMPAN | Y |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| ARTICLE I - Name: The name of the Limited Liability Co | Company is: | |
| 46 DELPL (Must end with the words " | ATA LLC "Limited Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address | ess of the principal office of the Limited Liability Company i | is: |
| Principal Office Address: | Mailing Address: | |
| 555 SW 16 AVE A | <u> </u> | |
| Miami FL 3313 | 35 | |
| ARTICLE III - Registered Agent, (The Limited Liability Company cannot serve as business entity with an active Florida registration | Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another iden.) | |
| The name and the Florida street addr | tress of the registered agent are; AN BANEGAS | |
| 555 Si | W 16 AVE APT 7 | |
| Flor | orida street address (P.O. Box <u>NOT</u> acceptable) FL 33/35 City, State, and Zip | |
| liability company at the place des registered agent and agree to act in i statutes relating to the proper and i | agent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as a this capacity. I further agree to comply with the provisions of a complete performance of my duties, and I am familiar with an estion as registered agent as provided for in Chapter 608, F.S | all |
| Registered A | Agent's Signature (REQUIRED) | SECILI |
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| 1 | P. P. | (PF 5 |
| | (CONTINUED) Page 1 of 2 | ORATION |
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| ARTICLE IV- Manager(s) or Ma | aaging Member(s): |
|-----------------------------------|---------------------------------------|
| The name and address of each Mana | ger or Managing Member is as follows: |

| | , , , , , , , , , , , , , , , , , , , , | |
|---|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| | <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
| | MGR | GERMAN BANEGAS 555 SW 16 AVE APT 7 MIAMI FL 33135 |
| | MGR | EZEQUIEL BANEGAS 555 SW 16 AVE APT 7 MIGHT FL 33135 |
| | MGR | BRAULIO A FIRPO 555 SW 16 AVE APT_7 MIAMI FL 33135 |
| | MGRM | CARLOS O. TORTAROLO 555 SW 10 AVE APT. 7 MIAMI FL 33/35 |
| | (Use attachment if necessary) | i |
| þ | RTICLE V: Effective date, if other than the fan effective date is listed, the date must or 90 days after the date of filing.) | be specific and cannot be more than five business days prior |
| | <u>required</u> signature: | |
| 1 | Signature of a mem | berier an authorized representative of a member. |
| | of this document conthat the facts state | |
| | Filing Rees: | - 5 SS |
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| | of Registered Agent | Rec. |
| | \$ 30,00 Certified Copy (Optional) | |
| ١ | \$ 5.00 Certificate of Status (Option | PRI) · · · · · · · · · · · · · · · · · · · |

Page 2 of 2

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