

L14 000074852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

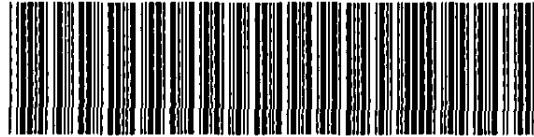
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 MAY -2 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 08 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2014

BEINARDO GONZALES  
1500 WESTON RD SUITE 200  
WESTON, FL 33326

SUBJECT: INVERSIONES TERRAZA 77, LLC  
Ref. Number: W14000026040

We have received your document for INVERSIONES TERRAZA 77, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 714A00008769

NOTICE: This document is a notice of a deficiency in the filing of a document. It is not a final decision. The Division of Corporations is not responsible for the accuracy of the information provided in this notice. The information provided in this notice is for informational purposes only. The Division of Corporations is not responsible for the accuracy of the information provided in this notice. The information provided in this notice is for informational purposes only.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Inversiones Terraza 77, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1500 Weston Road, Suite 200  
Weston, FL, 33326

1500 Weston Road, Suite 200  
Weston, FL 33326

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Bernardo Gonzales

Name

1500 Weston Road, Suite 200

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

Weston

City

FL

33326

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 605, F.S..

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

AMBR

**Name and Address:**

JESUS Ignacio Zubillaya Rumbos  
3370 NE 190 St. Unit 810  
Aventura, FL 33180

Andres Javier Rizo Zubillaya  
511 SE 5th Avenue, Unit 1114  
Ft. Lauderdale FL 33301

Carlos Salas Zubillaya  
400 Towerside Terrace  
miami, FL 33138

Cristobal Anania Zubillaya  
610 W. Las Olas Blvd. Apt. 416  
Fort Lauderdale, FL 33312

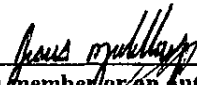
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jesus Ignacio Zubillaya  
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)

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MAY -2 AM 11:29  
DEPARTMENT OF STATE  
TREASURY OF FLORIDA