

L14000086578

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H14000125063 3)))



H140001250633ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ALVAREZ ARRIETA & DIAZ-SILVEIRA LLP  
Account Number : 120130000001  
Phone : (305) 740-1940  
Fax Number : (305) 740-1941

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: bcueto@aadsllaw.com

RECEIVED

14 MAY 29 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**Flagler Trust Company of Florida, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

MAY 30 2014

EXAMINER

5/28/2014 2:47 PM

**ARTICLES OF ORGANIZATION  
FOR  
FLAGLER TRUST COMPANY OF FLORIDA, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 605, as amended, hereby makes, acknowledges and files the following Articles of Organization.

**ARTICLE I - NAME**

The name of the Limited Liability Company is: **FLAGLER TRUST COMPANY OF FLORIDA, LLC.**

**ARTICLE II - PRINCIPAL OFFICE**

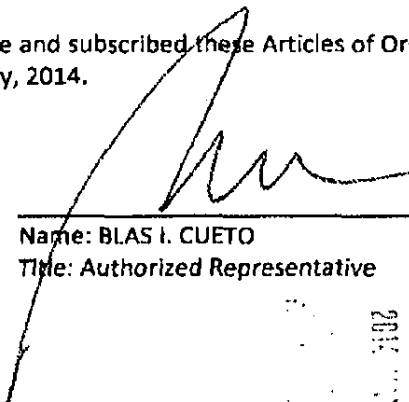
The mailing address and the street address of this limited liability company shall be 1001 Brickell Bay Drive, Suite 2110, Miami, FL 33131.

**ARTICLE III - INITIAL REGISTERED AGENT AND OFFICE**

The initial name and address of the registered agent of this limited liability company is:

**BLAS I. CUETO  
1001 Brickell Bay Drive, Suite 2110  
Miami, FL 33131**

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization for the foregoing uses and purposes this 28<sup>th</sup> day of May, 2014.

  
\_\_\_\_\_  
Name: BLAS I. CUETO  
Title: Authorized Representative

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

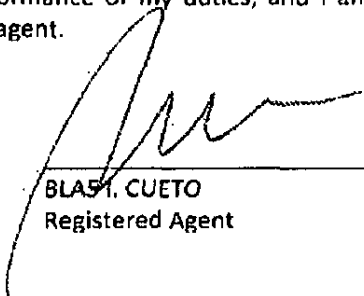
The name of the limited liability company is **FLAGLER TRUST COMPANY OF FLORIDA, LLC.**

The name and address of the registered agent and office is:

**BLAS I. CUETO  
1001 Brickell Bay Drive, Suite 2110  
Miami, FL 33131**

Having been named as registered agent and to accept service of process for the above-named 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 positions as registered agent.

Date: May 28<sup>th</sup>, 2014

  
\_\_\_\_\_  
**BLAS I. CUETO**  
Registered Agent



May 29, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ALVAREZ ARRIETA & DIAZ-SILVEIRA LLP

SUBJECT: FLAGLER TRUST COMPANY OF FLORIDA, LLC  
REF: W14000033374

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : FLAGLER TRUST, LLC, document number L12000159065.

You may 1.) resubmit the document under the current name, or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return 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.

Barbara Bostick  
Regulatory Specialist II

FAX Aud. #: H14000125063  
Letter Number: 814A00011526

Please file under the  
current name.

RECEIVED  
14 MAY 29 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314