

L15000057096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

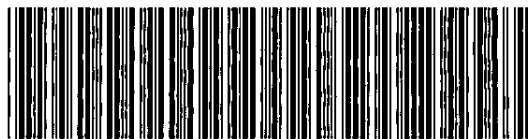
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

FLORIDA ISLES PROPERTIES LLC

Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
Formation	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

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9497600

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Amount: \$ _____

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

Article I.

The name of this Florida Limited Liability Company is: Florida Isles Properties LLC

Article II.

The mailing address and the street address of the initial principal office of the limited liability company is:

17555 ATLANTIC BLVD.
#702
SUNNY ISLES BEACH, FL 33160

Article III.

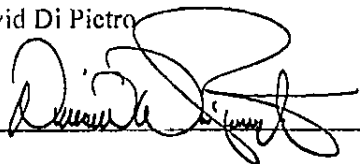
The name and address of the registered agent of the Limited Liability Company is:

David Pi Pietro Law, P.A. Legacy Bank Building
12 Southeast 7th Street
Suite 606
Fort Lauderdale FL 33301

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.

Registered Agent Signature:

Name: David Di Pietro

Signature: 

Article IV.

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

Title: MGR
David Di Pietro
12 Southeast 7th Street
Suite 606
Fort Lauderdale FL 33301

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I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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.

By: 

Santiago Garces Jaramillo

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