

L15000106418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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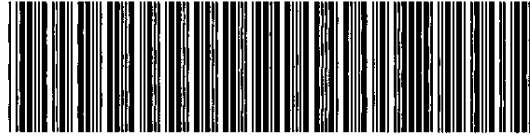
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/18/15--01015--007 **160.00

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AND
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15 JUN 18 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/1



FLORIDA
LITIGATION
LAW FIRM

THE LAW OFFICES OF DAVID DI PIETRO, P.A.

Legacy Bank Building • 12 SE 7th Street, Suite 606 • Fort Lauderdale, FL 33301
Office (954) 712 3070 • Fax (954) 337 3824
www.FloridaLitigationLawFirm.com

June 16, 2015

via FedEx overnight

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Laposta, LLC

To Whom It May Concern:

I am the sole Trustee of the Maria Trust, which will be the sole owner and authorized member of Laposta, LLC. My address and telephone number are listed above. We request a Certified Copy and Certificate of Status. Please find a check in the amount of \$160.00 attached hereto.

Should you have any further questions, please do not hesitate to contact the undersigned.

Respectfully,

DAVID DI PIETRO, ESQ.
as Trustee of Maria Trust

Enclosure as stated

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Laposta, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Di Pietro

Name of Person

Firm/Company

12 SE 7th Street, Suite 606

Address

Fort Lauderdale, Florida

City/State and Zip Code

david@floridalitigationlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Di Pietro

954

712-3070

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

15 JUN 18 AM 11:22

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Laposta, 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:

17555 Atlantic Boulevard, #702
Sunny Isles Beach, Florida 33160

17555 Atlantic Boulevard, #702
Sunny Isles Beach, Florida 33160

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:

David Di Pietro

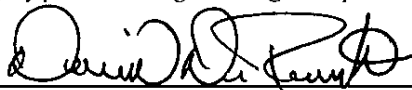
Name

12 SE 7th Street, Suite 606

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

<u>Fort Lauderdale</u>	<u>Florida</u>	<u>33301</u>
City	State	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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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AND
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ARTICLE IV-

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

15 JUN 18 AM 11:22

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Maria Trust

17555 Atlantic Boulevard, #702

Sunny Isles Beach, Florida 33160

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

David Garces

De los Tecanes 341 y Gaviotas

Quito, Ecuador

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

David Di Pietro, as trustee of Maria Trust

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)