

L15000127907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

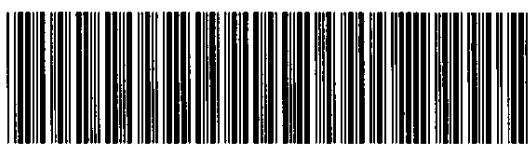
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUL 24 AM 10:22
DIVISION OF CORPORATE

07/29/15

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASA ABUELO, 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:

Emilce Elgarresta

(Name of Person)

CASA ABUELO, LLC

(Firm/Company)

2701 Columbus Boulevard

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Emilce Elgarresta

(Name of Person)

at (305) 495-2844

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CASA ABUELO, 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:

2701 Columbus Boulevard

2701 Columbus Boulevard

Coral Gables, FL

Coral Gables, FL

33134

33134

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

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

Emilce Elgarresta

Name

2701 Columbus Blvd

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

Coral Gables

FLORIDA 33134

City, State, and 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 608, Florida Statutes..



Registered Agent's Signature

FILED
2021 JUN 11 10:10 AM
CLERK OF CIRCUIT COURT
MIAMI, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Stephanie Kontzamanys
2701 Columbus Blvd
Coral Gables, FL 33134

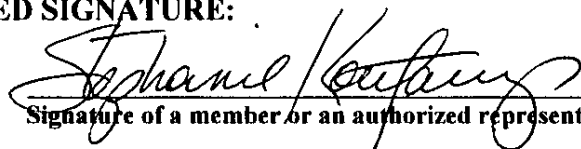
MGR

Emilce Elgarresta
2701 Columbus Blvd
Coral Gables, FL 33134

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stephanie Kontzamanys

Type or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
SECRETARY
JAN 10 2009