

Division of Corporations

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L16000145224

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.**

(((H16000189063 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368FLORIDA
DEPARTMENT OF STATE
LIMITED LIABILITY
CORPORATIONS16 AUG -3 PM:59
657 14 6 8 9

RE-SUBMIT

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

16 AUG -5 PM:12 Email Address:

Date of Submission

8/3

FLORIDA LIMITED LIABILITY CO.**1971 Banyan Collection LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 025 |
| Estimated Charge | \$155.00 |

08-08-16

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Corporate Filing Menu

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August 4, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: 1971 BANYAN COLLECTION LLC
REF: W16000053795

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.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

If you have any further questions concerning your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000189063
Letter Number: 616A00016376

RE-SUBMIT

Please retain original filing
copy of submission 8/3

COVER LETTER

TO: *Registration Section*
Division of Corporations

SUBJECT: 1971 BANYAN COLLECTION 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:

LISSETTE S. STANCIOFF, ESQ.

Name of Person

FINSER CORPORATION

Firm/Company

121 ALHAMBRA PLAZA, SUITE 1400

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

lstancioff@cisneros.com

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

For further information concerning this matter, please call:

LISSETTE S. STANCIOFF

305

442-3412

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

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1971 BANYAN COLLECTION 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:

121 ALHAMBRA PLAZA, SUITE 1400
CORAL GABLES, FLORIDA 33134

Mailing Address:

121 ALHAMBRA PLAZA, SUITE 1400
CORAL GABLES, FLORIDA 33134

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:

LISSETTE S. STANCIOFF, ESQ.
Name

121 ALHAMBRA PLAZA, SUITE 1400
Florida street address (P.O. Box NOT acceptable)

CORAL GABLES FLORIDA 33134
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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ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
Manager

Name and Address:

ANA TERESA ARISMENDI
121 ALHAMBRA PLAZA, SUITE 1400
CORAL GABLES, FLORIDA 33134

Manager

EDUARDO L. HERNANDEZ, ESQ.
121 ALHAMBRA PLAZA, SUITE 1400
CORAL GABLES, FLORIDA 33134

(Use attachment if necessary)

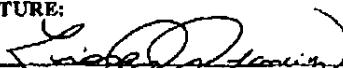
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

LISSETTE S. STANCIOFF, ESQ.

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)