

Division of Corporations

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L16 000145224

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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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) 878-5368

**\*RE-SUBMIT\***

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

Email Address: \_\_\_\_\_

Original filing  
Date of submission 8/3

**FLORIDA LIMITED LIABILITY CO.**

**1971 Banyan Collection LLC**

Certificate of Status	0
Certified Copy	1
Page Count	075
Estimated Charge	\$155.00

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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 attach original filing  
date 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)

16 AUG -3 PM 4:59  
STATE OF FLORIDA  
TALLAHASSEE

**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)

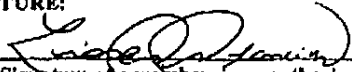
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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 signer

**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)