L16000147687

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900287980579

07/18/16--01043--004 **130.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2016

MARIA LIBIA SANCHEZ 1800 N BAYSHORE DR APT 3507 MIAMI, FL 33132

SUBJECT: ACUARELLA LLC. Ref. Number: W16000051869

We have received your document for ACUARELLA LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 316A00015582

RECEIVED AUG-8 PH 3-1 2016 JUL 18 AM 9: 33
SECRETARY OF STATE
TALLAHASSEE FLORID

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	Acuarella LLC.	
SOBJEC		ed Liability Company
The enclo	losed Articles of Organization and fee(s) are s	ubmitted for filing.
Please ret	eturn all correspondence concerning this matte	er to the following:
	Maria Libia Sanchez	
	· · · · · · · · · · · · · · · · · · ·	Name of Person
	Acuarella LLC.	
		Firm/Company
	1800 N Bayshore Dr Apt 3507	
		Address
	Miami Florida, 33132	
	City alejandrasevolo@gmail.com	/State and Zip Code
	E-mail address: (to be used for	r future annual report notification)
For further	er information concerning this matter, please o	ali:
	Alejandra Piedrahita 786	414-5953
		a Code Daytime Telephone Number
Enclosed	d is a check for the following amount:	
\$125.00	Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 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

Acuarella LLC.			Makalada 4 77 maa dadhaan dadhaan bariyadan a'aba daan Taba dalka bariyada ahaa bariyada ahaa bariyada ahaa ba	
(Must end w	vith the words "Limite	d Liability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	dress of the principal of	office of the Limited	Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Add	ress:
1800 N Bayshore Dr		180	0 N Bayshore Dr	
Apartment 3507			rtment 3507	
Miami Florida, 33132		Mia	mi Florida, 33132	
The name and the Florida street a	Alejandra R Piedrah 1800 N Bayshore D Florida street addre	nita Name r Apt 3507	ccentable)	2016 JUL SECRETA
		`	• /	18 85 85 85 85 85 85 85 85 85 85 85 85 85
	Miami	Florida	33132	
	City	State	Zip	T A
Having been named as registered as place designated in this certificate, further agree to comply with the proam familiar with and accept the obl	I hereby accept the apportions of all statutes in igations of my position	pointment as register relating to the proper	red agent and agree to act r and complete performan as provided for in Chapte	t in this eapacitye. I nce of my duties, and I

(CONTINUED)
Page 1 of 2

A	R'	П	c	Ĭ.	F.	T١	1_
_			┖	_	-	4 1	_

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

<u>Hite:</u>			
	thorized Member		
"MGR" = Man		Maria I (bia Carraban	
AMBR		Maria Libia Sanchez	
		1800 N Bayshore Dr Apt 3507	
		Miami. Florida, 33132	
AMBR		Alejandra Rocio Piedrahita	
		1800 N Bayshore Dr Apt 3507	
		Miami Florida, 33132	
MGR		Humberto Piedrahita	
MOK		1800 N Bayshore Dr Apt 3507	
		Miami Florida, 33132	
		Main Folida, 55152	······································
MGR		Pilar Bonatti	· · · · · · · · · · · · · · · · · · ·
		12508 Muscovy Dr	
		Jacksonville Florida 32223	
LEV: Effective	nt if necessary) date, if other than the date sted, the date must be spe	of filing: (OP'	TIONAL) s prior to or 90 days :
LE V: Effective fective date is li of filing.) f the date inserte ament's effective LE VI: Other pro	date, if other than the date sted, the date must be speed in this block does not not be date on the Department	ecific and cannot be more than five business days neet the applicable statutory filing requirements, the	s prior to or 90 days s
LE V: Effective fective date is li of filing.) f the date inserte ament's effective LE VI: Other pronown as a family	date, if other than the date sted, the date must be speed in this block does not not be date on the Department ovisions, if any.	ecific and cannot be more than five business days neet the applicable statutory filing requirements, the	s prior to or 90 days a
LE V: Effective fective date is li of filing.) f the date inserte ament's effective LE VI: Other pronown as a family	date, if other than the date sted, the date must be speed in this block does not not be date on the Department dovisions, if any. y entity.	neet the applicable statutory filing requirements, the of State's records.	s prior to or 90 days a
LE V: Effective fective date is li of filing.) f the date inserte ament's effective LE VI: Other pronown as a family	date, if other than the date sted, the date must be speed in this block does not not be date on the Department dovisions, if any. y entity. Signature of a me	neet the applicable statutory filing requirements, the of State's records.	s prior to or 90 days this date will not be lis
LE V: Effective fective date is li of filing.) f the date inserte ament's effective LE VI: Other pronown as a family	date, if other than the date sted, the date must be speed in this block does not me date on the Department dovisions, if any. y entity. Signature of a me This document is execut I am aware that any false	neet the applicable statutory filing requirements, the of State's records.	s prior to or 90 days and this date will not be listed as a listed
LE V: Effective fective date is li of filing.) f the date inserte ament's effective LE VI: Other pronown as a family	date, if other than the date sted, the date must be speed in this block does not me date on the Department dovisions, if any. y entity. Signature of a me This document is execut I am aware that any false	ember or an authorized representative of a mem ted in accordance with section 605.0203 (1) (b), Fle information submitted in a document to the Depart of elelony as provided for in s.817.155, F.S.	s prior to or 90 days and this date will not be list this date will not be list this date.
LE V: Effective fective date is li of filing.) f the date inserte ament's effective LE VI: Other pronown as a family	date, if other than the date sted, the date must be speed in this block does not me date on the Department ovisions, if any. y entity. Signature of a me This document is execut I am aware that any false constitutes a third degree	ember or an authorized representative of a mem ted in accordance with section 605.0203 (1) (b), Fle information submitted in a document to the Depart of elelony as provided for in s.817.155, F.S.	s prior to or 90 days a his date will not be list his date will not be list his date.
LE V: Effective fective date is li of filing.) f the date inserte ament's effective LE VI: Other pronown as a family	date, if other than the date sted, the date must be speed in this block does not me date on the Department ovisions, if any. y entity. Signature of a me This document is execut I am aware that any false constitutes a third degree	ember or an authorized representative of a mem ted in accordance with section 605.0203 (1) (b), Fle information submitted in a document to the Depart efelony as provided for in s.817.155, F.S.	s prior to or 90 days and this date will not be list this date will not be list this date.

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)