116000194567

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only

N. SAMS 0CT 2 4 2016



800290954058

10/07/16--01021--010 **125.00

ACURE HAT DE LUCIES

16 OCT -7 PH 5: 23



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2016

EMILIO MACHADO 8150 SW 93 AVE MIAMI, FL 33173

SUBJECT: MIAMI BOURBON SOCIETY L.L.C.

Ref. Number: W16000069290

We have received your document for MIAMI BOURBON SOCIETY L.L.C. and your check(s) totaling \$125.00. 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: 916A00021750

2616 DCT -7 PH 5: 23

COVER LETTER

	egistration Section vision of Corporations		
SUBJECT	: Miami Bou	bon Societa	
9	Natik Of L	imited Liability Company	
	ight in the second of the sec		
	ed Articles of Organization and fee(s)		
Please retur	in all correspondence concerning this	matter to the following:	
	Emilio M	lachado	
		Name of Person	
		Firm/Company	
	Ø15.0 -	•	
	8150 Sw	93 aue Address	
		Additss	
	Miami	FLORIDA 331	13
	- 1	City/State and Zip Code	
-		do 1 0 mail. com ed for future annual report notification	on)
For further in	nformation concerning this matter, plea	•	
To further it	normation concerning this matter, pier		
ϵ	milio Machado at (305) 726-	3461
		Area Code Daytime Telephone	
Englaced is	a check for the following amount:		
\$125.00 Fi	-	\$155.00 Filing Fee &	\$160.00 Filing Fee.
<u>X</u>	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Division of Corporation	ine
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		Company is:	LE I - Name: e of the Limited Liability
L.L.C	Society	iami Bourbo	
" or "LLC.")	bility Company, "	h the words "Limited I.	
y Company is:	e of the Limited Li	ess of the principal offi	LE II - Address: ing address and street add
Mailing Address:		Office Address:	<u>Principa</u>
150 Sw 93 ave 1FL 33173		93 ave 33173	8150 Sw miami, FL
e)	lachado ime	Emilio 8150 Sw Florida street address (e and the Florida street ac
Zip	FL State	City	
tated limited liability company at the and agree to act in this capacity. I aplete performance of my duties, and led for in Chapter 605, F.S	nent as registered a	ereby accept the appoin isions of all statutes rela ations of my position as	gnated in this certificate, I ree to comply with the pro
Σı	Xgynt's Signature		

Page 1 of 2

2816 UCT = 7 PM 5: 23

Title:	Name and Address:
'AMBR" = Authorized Member	
"MGR" = Manager HOLD LMBL.	"MGR" Natalie Machado
MILES HADE.	8150 SW 93 ave
A a	MIAMU FL 33173
AMBR	.
loekk .	"MGIR" EMILIO Machalo
	8150 Sw 93 and
	MIGHT, FL 33173
	l
Use attachment if necessary)	
•	T - 1-1 2017
• .	filling: January 1st, 2017 (OPTIONAL)
V: Effective date, if other than the date of the date is listed, the date must be specified.	ffiling: January 1st, 2017. (OPTIONAL)
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)	
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) ne date inserted in this block does not me	eet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) ne date inserted in this block does not me	eet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) ne date inserted in this block does not meent's effective date on the Department of	eet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) ne date inserted in this block does not meent's effective date on the Department of	eet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) the date inserted in this block does not meet's effective date on the Department of	eet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of	eet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date of tive date is listed, the date must be specifiling.) The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not state's records.
of filing.) The date inserted in this block does not mement's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not state s records. The roy an authorized representative of a member.
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment This document is execute.	the applicable statutory filing requirements, this date will not state's records. The ror an authorized representative of a member, d in accordance with section 605,0203 (1) (b), Florida Statutes
E V: Effective date, if other than the date of ective date is listed, the date must be speciffiling.) the date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memory of the document is executed I am aware that any false in the second of the	set the applicable statutory filing requirements, this date will not state is records. The ror an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State
E V: Effective date, if other than the date of ective date is listed, the date must be speciffiling.) the date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memory of the document is executed I am aware that any false is constitutes a third degree.	bet the applicable statutory filing requirements, this date will not state s records. There is no authorized representative of a member, d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. Signature of a ment of the document is executed I am aware that any false is constitutes a third degree.	set the applicable statutory filing requirements, this date will not state is records. The ror an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

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)

as