

L16000231050

(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

D O'KEEFE  
DEC 23 2016



500292524625

11/21/16--01036--007 \*\*125.00

FILED  
16 DEC 22 PM 7:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE  
NOV 29 2016

W16-79510



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

11 FEB 23 PM 12:56

November 29, 2016

AUGUSTO EGOAVIL  
EGOAVIL & HORVAT, PLLC  
2525 PONCE DE LEON BOULEVARD, STE. 300  
CORAL GABLES, FL 33134

SUBJECT: OGLETHORPE HOLDINGS, LLC  
Ref. Number: W16000079510

We have received your document for OGLETHORPE HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P00000013116.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 316A00025318

FILED  
16 DEC 22 PM 7:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EGOAVIL & HORVAT, PLLC  
LAW FIRM

December 19, 2016

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

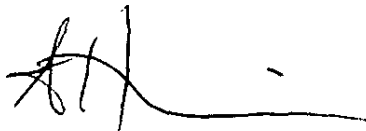
Re: OGLETORHPE HOLDINGS, LLC/Letter # 316A00025318/Rejection for Similarity

Dear Sirs,

In relation to your rejection for similarity please be advised that we have amended the name of the company to be AM OGLETHORPE HOLDINGS, LLC. Enclosed please find a copy of the application as amended. You already have the check for \$125.

Sincerely yours,

EGOAVIL & HORVAT PLLC



2525 PONCE DE LEON, SUITE 300, CORAL GABLES FL 33155 • T 305.450.20.85 • F 305.675.0237  
1271 AVENUE OF THE AMERICAS, SUITE 4300, NEW YORK NY 10021 • 212.292.3785  
WWW.EGOAVILHORVATLEGAL.COM

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AM OGLETHORPE HOLDINGS, 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:

AUGUSTO EGOAVIL

Name of Person

EGOAVIL & HORVAT, PLLC

Firm/Company

2525 PONCE DE LEON BOULEVARD, SUITE 300

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

AUGUSTO@EGOAVILHORVAT.COM

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

For further information concerning this matter, please call:

AUGUSTO EGOAVIL at ( 561 ) 389-9557  
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:

AM OGLETHORPE HOLDINGS, 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:

1750 N.W. 107 AVE, SUITE WS-600  
DORAL, FL 33172

Mailing Address:

1750 N.W. 107 AVE, SUITE WS-600  
DORAL, FL 33172

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:

EGOAVIL & HORVAT, PLLC

Name

2525 PONCE DE LEON BOULEVARD, SUITE 300

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

CORAL GABLES, FL 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.*

Egoavil & Horvat

Registered Agent's Signature (REQUIRED)

By: August Egoavil

(CONTINUED)

FILED  
16 DEC 22 PM 7:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AGRM

**Name and Address:**

ADRIANA CAMPOROTA

1750 N.W. 107 AVE, SUITE WS-600

DORAL, FL 33172

MBR

FABIO CAMPOROTA

1750 N.W. 107 AVE, SUITE M-604

DORAL, FL 33172

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 14, 2016 (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:**

*Adriana Camporota*

**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.

ADRIANA CAMPOROTA

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)

FILED  
16 DEC 22 PM 7:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA