

L17000083692

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

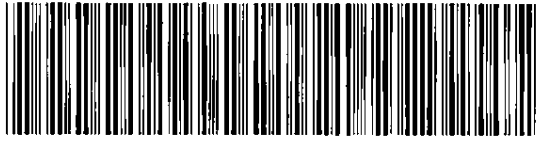
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



700298002767

04/14/17--01003--011    \*\*155.00

RECEIVED  
17 APR 14 PM 2:26  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

RECEIVED  
2017 APR 14 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 14 2017  
T SCHROEDER



1000 Ponce de Leon Blvd. Suite: 105  
 Coral Gables, FL 33134  
 Phone: 305-444-4994  
 Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. ST. Michaels Continental LLC  
 (CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
 (CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
 (CORPORATE NAME) (DOCUMENT #)

Walk-In

Pick up time: \_\_\_\_\_

Certified Copy

Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ST. MICHAELS CONTINENTAL 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:
1901 Brickell Ave
APT: B 413
Miami, FL 33129

Mailing Address:
1901 Brickell Ave
APT: B 413
Miami, FL 33139

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:

Gloria C. Rey Munevar
Name
1901 Brickell Ave APT: B 413
Florida Street address (P.O. Box NOT acceptable)
Miami FL 33139
City State Zip

17 APR 14 PM 2:36
STATE OF FLORIDA
DEPARTMENT OF REVENUE

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.

[Handwritten Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

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

**Name and Address:**

AMBR & MGR

Gloria C. Rey Munevar  
1901 Brickell Ave Apt: B413  
Miami, FL 33129

AMBR & MGR

Jose G. Urbina Yopasa  
1901 Brickell Ave Apt: B413  
Miami, FL 33129

(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.)

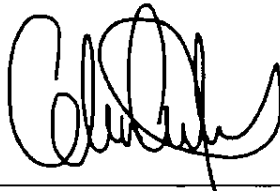
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

Gloria C. Rey Munevar – 100%

Jose G. Urbina Yopasa – 0%

**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.

Gloria C. Rey Munevar

Typed or printed name of signee

17 APR 14 01:23:05  
STATE OF FLORIDA  
DEPARTMENT OF STATE