

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L17000151080**

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**FLORIDA LIMITED LIABILITY CO.  
ALEJANDRA ALVAREZ, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JUL 13 AM 8:53  
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K. Brumbley



July 13, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: ALEJANDRA ALVAREZ, LLC  
REF: W17000057904

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refile the document and cover sheet to this office for processing.

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JUAN A REYES  
Regulatory Specialist II  
New Filing SectionFAX Aud. #: H17000182466  
Letter Number: 917A00014170

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H 7000182466

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alejandra Alvarez, LLC.

(Must contain 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:

Mailing Address:

2137 NW 2nd Avenue  
Miami, FL 33127

2137 NW 2nd Avenue  
Miami, FL 33127

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:

George S. Zamora, Esq.

Name

3191 Coral Way, Suite 106

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

Miami

FL

33145

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)

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ALLAHASSEE, 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

AMBR

**Name and Address:**

2137 NW 2nd Avenue

Miami, FL 33127

Alexandra Alvarez

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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(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.

Alexandra Alvarez

Typed or printed name of signee

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