

OCT-27-2017 FRI 09:59 AM Siegfried, Rivera Lerner FAX NO. 3544652500 P. 03
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10/23/2017

Division of Corporations

Florida Department of State
 Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
 SALZEDO ST 19, LLC

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October 25, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SIEGFRIED, KIPNIS, RIVERA

SUBJECT: SALZEDO ST 19, LLC
REF: W17000085286

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

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

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Neysa Culligan
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[H17000279241 3]

COVER LETTER

**TO: Registration Department
Division of Corporations**

**SUBJECT: SALZEDO ST 19, 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:

John Catalano, Esq.
Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel, P.A.
8211 West Broward Boulevard, Suite 250
Plantation, Florida 33324
lcatalano@srhl-law.com

For further information concerning this matter, please call:

John Catalano, Esq. Telephone: 305-442-8548

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[H17000279241 3]

ARTICLE I – NAME:

The name of the Limited Liability Company is: **SALZEDO ST 19, LLC**

ARTICLE II – ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

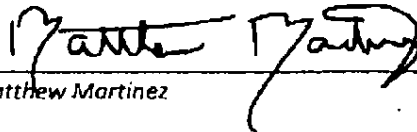
Principal Office Address:
4100 Salzedo Street, Unit #19
Coral Gables, Florida 33146

Mailing Address:
4100 Salzedo Street, Unit #19
Coral Gables, Florida 33146

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT’S SIGNATURE

The Name and the Florida Street address of the Registered Agent is **MATTHEW MARTINEZ**, 4100 Salzedo Street, Unit #19, Coral Gables, Florida 33146.

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.



Matthew Martinez

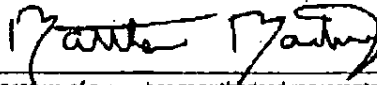
ARTICLE IV – MANAGERS

<u>Title:</u>	<u>Name and Address</u>
MEMBER	Matthew Martinez 4100 Salzedo Street, Unit #19 Coral Gables, Florida 33146
MEMBER	Lisa Martinez 4100 Salzedo Street, Unit #19 Coral Gables, Florida 33146

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REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member

[In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.]

MATTHEW MARTINEZ

Type or printed name of signee

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