

12/21/2017

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

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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (512)418-6949
 Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Aria 2915, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARIA 2915, 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:

ANDRES LAPADULA

Name of Person

OPEN Corporate Services Inc.

Firm/Company

Centro Lido, ofc. 71E, El Rosal

Address

Caracas 1060, Venezuela

City/State and Zip Code

alapadula@icc.com.ve

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

For further information concerning this matter, please call:

Andres Lapadula

Name of Person

at (**212**) **8639978**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2017 DEC 22 PM 1:13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ARIA 2015, 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:**Mailing Address:**Plaza Credicorp Bank, piso 26, Calle 50CCS 6335P.O. Box 025323Apartado 0832-02325, Panamá, Rep. de PanamáMiami, FL 33102-5323**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:

C.T. Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)PlantationFL33324

City

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.

C.T. Corporation System

By: 

Registered Agent's Signature (REQUIRED)

Danny Verdecchia(COMPLAINT)
Assistant Secretary

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:

Barenco Ltd

Plaza Credicorp Bank, piso 26, Calle 50

Apartado 0832-02325, Panamá, Rep. de Panamá

MGR

Diego Ricot

150W 56th St., Apt. B52

New York, NY 10019

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 20, 2017 (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.)

ARTICLE VI: Other provisions, if any.

Manager Managed

REQUIRED SIGNATURE:

Signature of a member or an 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.)

Authorized Representative - BARENCO LTD.

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)