

L18 000 076 193

(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



600310247426

03/19/18--01034--016 **125.00

FILED
18 MAR 19 AM 8:26
TALLAHASSEE, FLORIDA

D O'KEEFE

MAR 28 2018

Rocio Cortes
17822 NW 15th ST
Pembroke Pines FL 33029

March 16, 2018

Attention:

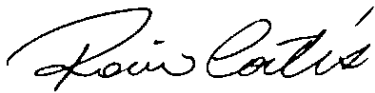
Division of Corporations
New Filing Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

RE: Cortes & Associates Real Estate LLC

Please be advised that I am releasing the above mentioned LLC and have no intention of opening it.

Sincerely,



Rocio Cortes

954-821-6067

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Cortes & Associates Real Estate 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:

Rocio Cortes

Name of Person

Cortes & Associates Real Estate

Firm/Company

17822 NW 15th St

Address

Pembroke Pines Florida 33029

City/State and Zip Code

caregroupre@gmail.com

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

For further information concerning this matter, please call:

Rocio Cortes

954

821-6067

at ()

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

FILED
18 MAR 19 AM 8:26
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cortes & Associates Real Estate 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:

1011 Ives Dairy Rd #105
Miami Florida 33179

17822 NW 15th St
Pembroke Pines Florida 33029

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:

Rocio Cortes

Name

17822 NW 15th St

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

Pembroke Pines

FL

33029

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.

Rocio Cortes

Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

18 MAR 19 AM 8:26

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Rocio Cortes

17822 NW 15th St

Pembroke Pines FL 33029

(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:

Rocio Cortes

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.

Rocio Cortes

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
18 MAR 19 AM 8:26
TALLAHASSEE, FLORIDA