

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L18000076255

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(((H18000095911 3)))



H180000959113ABC1

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Division of Corporations
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FLORIDA DEPARTMENT OF STATE
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FLORIDA LIMITED LIABILITY CO.
MAGALLANES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAR 27 AM 10:37

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3/27/2018 11:23:58 AM PAGE 1/001 Fax Server



March 27, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS CORPORATE FILING SER

SUBJECT: MAGALLANES LLC
REF: W18000029271

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.

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity call (850) 245-6059 for information) or designate another entity that is active according to our records.

If you have any further questions concerning your document, please call (850) 245-6052.

KYLE D BRUMBLEY
Regulatory Specialist II
New Filing Section

FAX Aud. #: H18000095911
Letter Number: 318A00006100

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAGALLANES 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:

5732 NW 4TH AVE
MIAMI, FL 33137

SAME

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:

PEREZ & ASSOCIATES GROUP INC

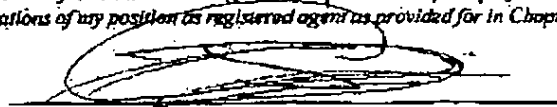
Name

6353 NW 36 ST STE 309

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

<u>VIRGINIA GARDENS</u>	<u>FL</u>	<u>33166</u>
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAR 27 AM 10:37

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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:

DIEGO ESTEBAN ARBORIO
119 SW 32 RD
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 entered 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 manager 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 contained in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, P.S.

DIEGO ESTEBAN ARBORIO

Typed or printed name of signer

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)