

4-25-2018

L18000102446

Florida Department of State
Division of Corporations
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((H18000130140 3)))



H180001301403ABCS

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TALLAHASSEE, FLORIDA

To:

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From:

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**FLORIDA LIMITED LIABILITY CO.
2465 Investments, LLC**

Certificate of Status	0
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April 26, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEGALINC

SUBJECT: 2465 INVESTMENTS, LLC.
REF: W18000039365

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.

List the Registered Agents name exactly as it appears on DOS records.

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

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

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H18000130140
Letter Number: 118A00008595

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

18 APR 26 AM 9:19

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2465 Investments, 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:

2465 SW 16 Street
MIAMI, FL 33145

2377 SW 24 Terrace
MIAMI, FL 33145

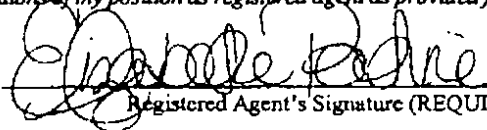
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Patino E Associates, A Professional Association
90 Elizabeth Name Patino
113 Almaria Avenue
Florida street address (P.O. Box **NOT** acceptable)
Coral Gables, FL 33134
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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18 APR 26 AM 9:19

ARTICLE IV-

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

AMBB

Name and Address:

JOSUE NAVARRO
13967 SW 19th Avenue
MIAMI, FL 33186

Jessica S. Wolf
501 Merrick Way Suite 402
Coral Gables, FL 33134

Eduardo Diaz
2377 SW 24 Terrace
Miami, FL 33145

(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.

Jessica S. Wolf

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)