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18 AUG 30 AM 10:52
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18 AUG 30 AM 8:43
TALL 2018-08-30
TALL 2018-08-30

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LLC

1. **Villa Sota Boca Town Center LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

18 AUG 30 AM 8:43
TALLAHASSEE
FLORIDA

SPECIAL INSTRUCTIONS:

COVER LETTER

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

SUBJECT: Villa Sota Boca Town Center 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:

Mildrey Montes de Oca and Sharon Rozencwaig

Name of Person

Rozencwaig and Nadel LLP

Firm/Company

301 West Hallandale Beach Blvd

Address

Hallandale Beach, FL 33009

City/State and Zip Code

mmontes@rnflaw.com

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

For further information concerning this matter, please call:

Mildrey Montes de Oca 954 455 5100
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Villa Sota Boca Town Center 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:

20475 Biscayne Blvd, Suite G7 and G8
Aventura, FL 33180

Mailing Address:

20475 Biscayne Blvd, Suite G7 and G8
Aventura, FL 33180

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:

Rozenywaig and Nadel, LLP

Name

301 West Hallandale Beach Blvd

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

Hallandale Beach FL 33009

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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STATISTICAL
FALL 7/10/2018

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

Avy Abraham Cohen, MGR

20475 Biscayne Blvd, Suite G7 and G8
Aventura, FL 33180

Aaron Ariel Cohen, MGR

20475 Biscayne Blvd, Suite G7 and G8
Aventura, FL 33180

Carlos Gabriel De Chene, MGR

20475 Biscayne Blvd, Suite G7 and G8
Aventura, FL 33180

Vivian Pfeffer, MGR

20475 Biscayne Blvd, Suite G7 and G8
Aventura, FL 33180

Maximiliano Andres C Ramp, MGR

(Use attachment if necessary)

20475 Biscayne Blvd, Suite G7 and G8
Aventura, FL 33180

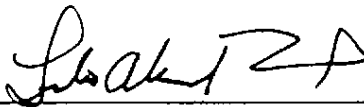
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

LESLIE ALAN ROZENBAUM, ESQ.

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)

18 AUG 30 AM 8:43
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