

L190000019468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

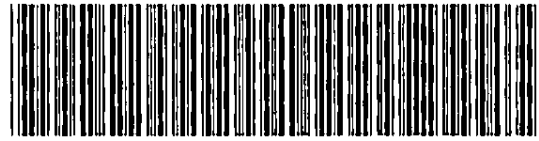
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

OK 1/24/19

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BUENA VISTA CONEXION LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIELA MORENO
Name of Person

BUENA VISTA CONEXION LLC
Firm/Company

1200 BRICKELL AVENUE, STE. 1800
Address

MIAMI, FLORIDA, 33131
City/State and Zip Code

victoria88@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIELA MORENO 786 508-5801
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2018

MARIELA MORENO
1200 BRICKELL AVENUE, STE. 1800
MIAMI, FL 33131 US

SUBJECT: BUENA VISTA CONEXION LLC
Ref. Number: W18000090754

We have received your document for BUENA VISTA CONEXION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page one is missing in the Articles.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 618A00021357



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2018

MARIELA MORENO (2ND MLG)
21121 SW 85TH AVENUE, STE. #203
CUTLER BAY, FL 33189 US

SUBJECT: BUENA VISTA CONEXION LLC
Ref. Number: W18000090754

We have received your document for BUENA VISTA CONEXION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page one is missing in the Articles.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 618A00021357

**ARTICLES OF ORGANIZATION
FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The Name of the Limited Liability Company is:

BUENA VISTA CONEXION LLC

ARTICLE II – NATURE OF BUSINESS

The general nature of the business to be transacted by this Limited Liability Company shall be:

- a) Any and all retail business transactions and any other activities permitted under the Laws of the United States and of the State of Florida, and also enter into any contracts or arrangements related to this business.

ARTICLE III – PRINCIPAL OFFICE

The initial Principal Place of Business and Mailing post office address of this Company in the State of Florida is:

Principal Office Address

Mailing Address

1200 Brickell Avenue, Ste 1800
MIAMI, FL., 33131

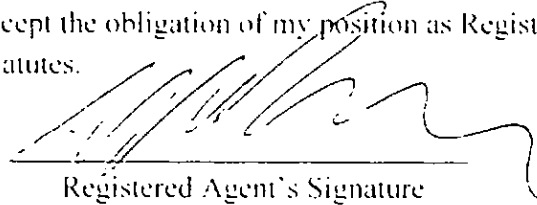
1200 Brickell Avenue, Ste. 1800
MIAMI, FL., 33131

FILED
19 JAN 24 AM 11:55
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

Registered Agent, Registered Office and Signature

MANUEL A. RODRIGUEZ
21121 SW 85th Avenue, Ste. #203
CUTLER BAY, FL... 33189

Having been named as Registered Agent and to accept any 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 obligation of my position as Registered Agent as provided for in Chapter 608, Florida Statutes.



Registered Agent's Signature

ARTICLE V

Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

TITLE	NAME AND ADDRESS
MGR	MARIELA MORENO 1200 Brickell Avenue, Ste. 1800 MIAMI, FL... 33131
AMBR	FERNANDO CASTELLAR 1200 Brickell Avenue, Ste. 1800 MIAMI, FL... 33131

ARTICLE VI – Effective Date

REQUIRED SIGNATURE:



Signature of a Member or an authorized representative of a Member

(In accordance with Section 608.408(3), 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 of Florida, constitutes a third degree felony as provided for in s.817.155.F.S.)

MARIELA MORENO

Typed or printed name of Signatory

Page 3 of 3

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19 JAN 24 AM 11:55
DEPARTMENT OF STATE
AT TALLAHASSEE, FLORIDA