

**L19000076751**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : VITERI FINANACIAL CORPORATION  
Account Number : 120180000091  
Phone : (786)390-6735  
Fax Number : (305)675-7799

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: xavier@viterifinancial.com

**FLORIDA LIMITED LIABILITY CO.**

**South Mehari LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2019 MAR 25 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

MAR 26 2019

K. Brumpley

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Hello,

Our client is closing on a Real Estate deal and we need to file this new LLC as fast as possible.

Can we expedite it?

Thank you for your time on this important matter,

Xavier Viteri

[xavier@viterifinancial.com](mailto:xavier@viterifinancial.com)

786-262-1237

Fax: 1-305-675-7799

(((H19000084151 3)))

## COVER LETTER

TO: New Filing Section  
Division of CorporationsSUBJECT: South Mehari 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:

Julian Rodrigo Soto

Name of Person

South Mehari LLC

Firm/Company

1331 Brickell Bay Drive - Apt BL41

Address

Miami, FL 33131

City/State and Zip Code

jrsmaroto@gmail.com

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

For further information concerning this matter, please call:

Julian R Soto

305

542-4710

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 AddressNew Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street AddressNew Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

South Mehari 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:1331 Brickell Bay Drive  
Suite #RL41  
Miami, FL 33131Mailing Address:1331 Brickell Bay Drive  
Suite #RL41  
Miami, FL 33131

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Xavier Viteri

Name

6721 SW 69 TerraceFlorida street address (P.O. Box ~~NOT~~ acceptable)MiamiFL33143

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.

Xavier Viteri  
Registered Agent's Signature (REQUIRED)

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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

MGRM

**Name and Address:**

Julian Rodrigo Soto

1331 Brickell Bay Drive - Suite #B1.41

Miami, FL 33131

MBR

Ricardo Martin Egozcue

1331 Brickell Bay Drive - Suite #B1.41

Miami, FL 33131

MBR

Sebastian Enrique Gallo

1331 Brickell Bay Drive - Suite #B1.41

Miami, FL 33131

(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.

**Xavier Viteri**

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)