

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.

(((H19000133053 3)))



H190001330533ABCZ

te: DO		ESH/RELOAD button on your browser from this page. o will generate another cover sheet.	•
To:			5
10.	Division of Cor	norations	9
	Fax Number	: (850)617-6381	
From:			25
	Account Name	: EXPRESS CORPORATE FILING SERVICE INC.	œ
	Account Number	: 12000000146	ب
	Phone	: (305)444-4994	
	Fax Number	: (305)444-4977	

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. CENTA REAL ESTATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

302

: 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

CENTA REALESTATE (Must end with 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:

35 SW 168 AVE AP
11, 100009, 33116
· Gignetare:
7

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

SEBAST	AN	PAC	HE(0		
	N	lame			
10785 Florida street	SW	108	AVE	APT	3⊝\$
Florida street	address (I	P.O. Box	NOT acc	cotable)	
MAM:	Fle	RIDA	32	176	
City	,	State		Zij	9

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 spannes relating to the proper and complete performance of my duties, and I am funitur with and accept the obligations of no position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Title: "AMBR" = Authorized Membe	1	Name and Address:	
•	"MGR" = Magager MGN		SEBASTIAN PACHECO 10785 SW 108 AVE APT 305 DIAMI, FLORIDA, 32176	•
	AMBR		MARIA ELLA SORRENTINO 205 PAR AU NO US 28F01 107811, FLOSO13, LITAIT	
				<u>a</u>
				1310
-	ž		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	≭ ₹
	(Use attachment if necessary)		.	o^.≂
			<u></u>	
(If an eff the date <u>Note:</u> I the docu	of filion.)	ust be specific an loss not meet the	ad cannot be more than five business days prior to or Mays a applicable stamoory filing requirements, this date will notice list	FOR THE STATE OF T
(If an eff the date <u>Note:</u> I the docu	Tective date is listed, the date me of filing.) If the date inserted in this block of ment's effective date on the De	ust be specific an loss not meet the	applicable signatory filing requirements, this date will notice list	TO A LESS AND THE STATE OF THE
(If an eff the date <u>Note:</u> I the docu	Tective date is listed, the date me of filing.) If the date inserted in this block of ment's effective date on the De	ust be specific an loss not meet the	applicable signatory filing requirements, this date will notice list	SESTALLER FURNISH FURNISH FURNISH FURNISH FURNISH FURNISH FURNISH FURNISH FURNISH FURNISH FURNISH FURNISH

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Besignation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2