

L19000124674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

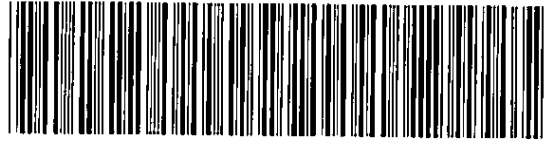
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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R. KEMPLE

MAY 14 2019



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19 MAY 14 PM 1:44

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 05/14/2019

Name: Merritt Walker

Reference #: 1082041

Entity Name: PALMARENA, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFICATE OF STATUS UPON FILING

Authorized Amount: \$130

Signature: [Signature]

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PALMARENA, 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:

EDUARDO ANTON

Name of Person

EDUARDO ANTON, ATTORNEY AT LAW

Firm/Company

7400 S.W. 50TH TERRACE, SUITE 304

Address

MIAMI, FLORIDA 33155

City/State and Zip Code

Eduardo@Eantonlaw.com

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

For further information concerning this matter, please call:

EDUARDO ANTON

305

297-7752

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:

PALMARENA, 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:

7400 S.W. 50TH TERRACE, SUITE 304
MIAMI, FLORIDA 33155

Mailing Address:

7400 S.W. 50TH TERRACE, SUITE 304
MIAMI, FLORIDA 33155

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.)

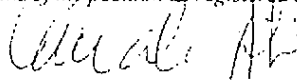
The name and the Florida street address of the registered agent are:

EDUARDO ANTON, ATTORNEY AT LAW
Name

7400 S.W. 50TH TERRACE, SUITE 304
Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FLORIDA 33155
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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19 MAY 14 PM 1:41
CLERK OF CIRCUIT COURT
DADE COUNTY FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ALFRED A. BUNGE

7400 S.W. 50TH TERRACE, SUITE 304

MIAMI, FLORIDA 33155

MGR

PAMELA G. BUNGE

7400 S.W. 50TH TERRACE, SUITE 304

MIAMI, FLORIDA 33155

(Use attachment if necessary)

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

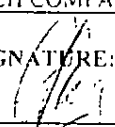
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

THE COMPANY SHALL BE FORMED FOR ANY LAWFUL PURPOSES AND SHALL HAVE UNLIMITED
POWERS TO ENGAGE IN AND TO DO ANY LAWFUL ACT CONCERNING ANY AND ALL LAWFUL
BUSINESSES FOR WHICH COMPANIES MAY BE ORGANIZED UNDER THE FLORIDA LLC ACT

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.

ALFRED A. BUNGE

Typed or printed name of signer

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)

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TALLAHASSEE, FLORIDA