

L19000140682

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

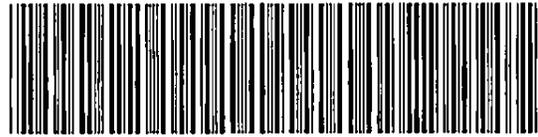
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JUN 3 2019



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RECEIVED  
MAY 19 11:38 AM '19  
JUN 3 4:19 PM '19  
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MICHIGAN SECRETARIAT



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

Account#: 120000000088

Date: 06/03/2019

Name: Merritt Walker

Reference #: 1090542

Entity Name: MARTES EDS TAMPA LAGOON CONDO, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other \_\_\_\_\_

**PLEASE RETAIN ORIGINAL DATE  
OF SUBMISSION**

Authorized Amount: \$125

Signature: mw



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Fictitious Name

Other \_\_\_\_\_

**PLEASE RETAIN ORIGINAL DATE  
OF SUBMISSION**

Authorized Amount: \$125

Signature: mw

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**From:** limitedonline@dos.state.fl.us  
**Sent:** Wednesday, May 22, 2019 11:12 AM  
**To:** Maria Acevedo-Belt  
**Subject:** Corporate Filing - 000329489780

Document Number: W19000049860

Entity Name: MARTES EDS TAMPA LAGOON CONDO, LLC Tracking Number: 000329489780 Pin Number: 9780

We received your online transmitted document. However, the document has not been filed for the following:

The registered agent must sign accepting the designation. name needs to be in each box correctly

To make the necessary corrections to your filing, return to our website at <https://protect-us.mimecast.com/s/-yF2CER2O2F3NngFNAG1m?domain=sunbiz.org> <<https://protect-us.mimecast.com/s/AxiSCG62n2u1Qq0u7yN1W?domain=sunbiz.org>> and select the filing type you are wanting to correct under the 'Filing Services' menu and click on the 'File or Correct' button.

Then enter your tracking number and pin number in correction box on the right hand side of the screen. Both of these numbers are listed in the top portion of this email. Next, simply click on "update filing" to access the document you previously submitted to our office.

Please disregard this letter if you have contacted our office and were advised how to correct your document online.

This filing will be considered abandoned in 60 days, if no response is received.

If you have any questions concerning your filing please call 850-245-6052.

Carlotta Harper  
OPS Clerk  
New Filing Section

Letter Number: 190522111052-000329489780

**COVER LETTER**

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

**SUBJECT:** MARTES EDS TAMPA LAGOON CONDO, 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:

Maria Acevedo, Esq.  
Name of Person

Acevedo Belt, P.A.  
Firm/Company

1441 Brickell Avenue  
Address

Miami, Florida 33131  
City/State and Zip Code

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

For further information concerning this matter, please call:

Maria Acevedo, Esq. at ( 305 ) 396-4282  
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:

MARTES EDS TAMPA LAGOON CONDO, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.I.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

550 BILTMORE WAY  
SUITE 1110  
CORAL GABLES, FL 33134

550 BILTMORE WAY  
SUITE 1110  
CORAL GABLES, FL 33134

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:

ROSA ECKSTEIN SCHECHTER  
Name

550 BILTMORE WAY, SUITE 1110  
Florida street address (P.O. Box **NOT** acceptable)

CORAL GABLES      FLORIDA      33134  
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.*

/s/ Rosa Eckstein Schechter  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
19  
PH 1:39  
MARTIN LUTHER KING, JR.  
MEMORIAL STATE  
OFFICE  
TALLAHASSEE, 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:**

EDUARDO STERN

550 BILTMORE WAY, SUITE 1110

CORAL GABLES, FL 33134

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MAY 9, 2019 (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.

MARIA ACEVEDO, 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)

FILED  
MAY 11 2019  
PH 1:39  
TALLAHASSEE, FLORIDA