

6/4/2019

Division of Corporations

**L19000141330**

Division of Corporations  
CLARA GIRALDO P.A.  
100 SW 84th Ave Suite 100  
Miami, FL 33156  
PH: (305) 485-9300

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.

(((H19000176617 3)))



H190001765173ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CLARA GIRALDO, P.A.  
Account Number : I1999000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

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

Email Address: polterllc@hotmail.com

**FLORIDA LIMITED LIABILITY CO.  
POLTER LLC**

Certificate of Status		0
Certified Copy		1
Page Count		03
Estimated Charge		\$155.00

2019 JUN -4 AM 10:31

AM 11:55:11 2019

19 JUN -4 AM 10:06

Electronic Filing Menu

Corporate Filing Menu

Help

K PAGE

JUN 05 2019

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

**POLTER, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**POLTER, LLC**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**10951 CYPRESS RD  
PEMBROKE PINES, FL 33026**

The mailing address shall be:

**10951 CYPRESS RD  
PEMBROKE PINES, FL 33026**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENTS SIGNATURE:**

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

**LEONARDO POLO**

**10951 CYPRESS RD**  
Florida Street address (P.O.BOX NOT acceptable)  
**PEMBROKE PINES, FL 33026**  
City, State, and Zip

**CLARA GIRALDO E.A.**  
**4080 SW 84 AVENUE SUITE C**  
**MIAMI, FL 33156**  
**PH.: (305) 485-9300**

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 805, F.S.



**REGISTERED AGENT'S SIGNATURE**

**ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**LEONARDO POLO  
10951 CYPRESS RD  
PEMBROKE PINES, FL. 33028**

**MANAGER**

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.  
(In accordance with section 805.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**LEONARDO POLO**  
Typed or printed name of signee

**CLARA GIRALDO E.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**