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.

(((H190002150673)))



H190002150673ABC+

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

Fax Number

: (850)617-6381

From:

: GEOFFREY M. WAYNE, P.A. Account Name

Account Number : 076770003401 : (305)381-8108 Phone : (305)381-8109

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

Email Address: GN@ATTORNEYMIAMI.COM

FLORIDA LIMITED LIABILITY CO.

Provincia Kites LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANIZE 16 AM IO: 14

ARTICLE I - Name:

The name of the Limited Liability Company is: Provincia Kites LLC

SECRETARY OF STATE TALLAHASSEE, FI

ARTICLE II- Address:

The mailing address of the Limited Liability Company is: 135 San Lorenzo Ave., PH 840, Coral Gables, FL 33146

The street address of the principal office of the Limited Liability Company is: 135 San Lorenzo Ave., PH 840, Coral Gables, FL 33148

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Excelsior Corporate Services LLC 135 San Lorenzo Ave., PH 840 Coral Gables, FL 33146

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

Cocporate Services

Cocporate Services

Cocporate Services

ARTICLE IV - Management

This Limited Liability Company shall be managed by its Managers. The name and address of each person authorized to manage and control the Limited Liability Company:

MGR/AMBR

Thayron Jimenez

135 San Lorenzo Ave., PH 840

Coral Gables, FL 33146

MGR

Martin Lustgarten

135 San Lorenzo Ave., PH 840

Coral Gables, FL 33146

AMBR

Andan Ltd., LLC

135 San Lorenzo Ave., PH 840

Coral Gables, FL 33146

ARTICLE V – Effective date, if other than the date of filing:	
ARTICLE IV - Other Provisions, if any.	
20 -0 V	

Month March - as an authorized representative of a member.

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Alexis i. Marrero Koratich, Esq.

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)

SECRETARY OF STAT