L19000183139

(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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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
La Rosa Realty So	oth Miami, LLC
(Must contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12030 SW129 *CT	12030 SW 129 et

ARTICLE, HI - 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:

Maria	N	Ynirio
	Name	
15370 Su	121	Ter
Florida street address	(P.O. Box <u>NO</u>	<u>[</u> acceptable)
MIOMI	CL_	33/87
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 statedlys relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positive as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE

COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: La Rosa Really South Marie Metwork 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 N. Juirio
Name of Person
15370 SW 155 Tel
Address
Mlam FL 33/87 City/State and Zip Code
Invidealtor and lip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria N Inivio at 786 203-0002 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$130.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327

Street Address

New Filing Section
Division of Corporations
Clifton Building

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Maria N Ynirio
MGR	15370 SW 155 Temace
	m/ omi FC 33/87
(Use attachment if necessary)	
·	
RTICLE V: Effective date, if other than the date	ate of filing: (OPTIONAL)
RTICLE V: Effective date, if other than the date of fan effective date is listed, the date must be ne date of filing.)	specific and cannot be more than five business days prior to or 90 days after
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be the date of filing.) Sote: If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
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