

U9000193038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

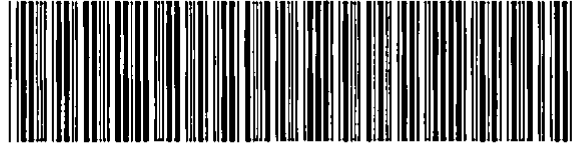
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: 285 West 24 Street Family company, L.L.C.

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:

Orlando E Reyes

Name of Person

Orlando E Reyes PA

Firm/Company

2711 SW 137 Avenue #81

Address

Miami, FL 33175

City/State and Zip Code

Reyatty@aol.com

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

For further information concerning this matter, please call:

Orlando E Reyes 305 221-8893

Name of Person at () 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

285 West 24 Street Family Company, L.L.C
Articles of Organization

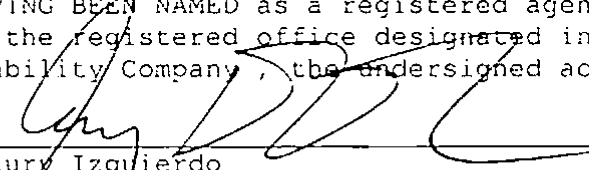
BY THESE ARTICLES OF ORGANIZATION the incorporator forms a Limited Liability Company for profit under Florida law.

1. NAME. The name of this Limited Liability Company is 285 West 24 Street Family Company, L.L.C.

2. REGISTERED AGENT. The initial registered agent for this Limited Liability Company is Amaury Izquierdo and the initial registered office is located at 2711 SW 137 Ave #81, Miami, FL 33175.

CONSENT OF REGISTERED AGENT

HAVING BEEN NAMED as a registered agent for this Limited Liability Company at the registered office designated in the foregoing articles of this Limited Liability Company, the undersigned accepts the designation.


Amaury Izquierdo

DO HERE

3. PRINCIPAL AND MAILING ADDRESS. The Principal address of the Limited Liability Company is: 285 W. 24 Street, Hialeah, FL 33010.

The Mailing Address of the Limited Liability Company is c/o Orlando E Reyes, P.A. 2711 SW 137 Avenue #81, Miami, FL 33175

4. MANAGER(S) OR MANAGING MEMBER(S). The name and street address of each Manager/Managing Member(s):

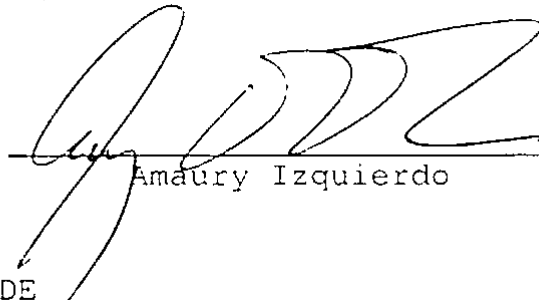
Amaury Izquierdo
Manager-Member
2711 SW 137 Ave #81, Miami, FL 33175

Miladys Izquierdo
Manager-Member
2711 SW 137 Ave #81, Miami, FL 33175

5. REQUIRED LIMITED LIABILITY FORMATION REPRESENTATIVE. The name and street address of the representative is Amaury Izquierdo of is c/o Orlando E Reyes, P.A. 2711 SW 137 Avenue #81, Miami, FL 33175.

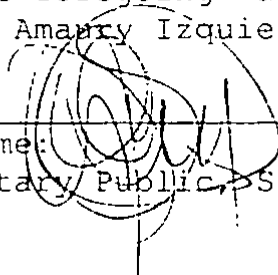
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SECRETARY OF STATE
TALLAHASSEE, FL

Dated on the July 10, 2019.


Amaury Izquierdo

STATE OF FLORIDA
COUNTY OF MIAMI DADE

The foregoing was acknowledged before me this July 10, 2019
by Amaury Izquierdo who is personally known to me.


Name: _____
Notary Public, State of Florida

My Commission Expires:

