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| (Re | equestor's Name) | · · · · · · |
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| (Ci | ty/State/Zip/Phone | · #) |
| PICK-UP | MAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Dx | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2019

LALINE CONCEPCION-VELOSO 8105 NW 155TH STREET MIAMI, FL 33016

SUBJECT: EGOAVIL KLUG SALAS & VELOSO

Ref. Number: W19000087368

2019 CST -2 PH 4: 52

We have received your document for EGOAVIL KLUG SALAS & VELOSO and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 719A00020007

Keyna E Page Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| ΉΟ. | New Filing Section Division of Corporations |
|-------------|--|
| SUBJE) | EGOAVI IKILUG SALAS & VELOSO PILC |
| | Name of Limited Liability Company |
| The enc | osed Articles of Organization and fee(s) are submitted for tiling. |
| Planse re | num all correspondence concerning this matter to the following: |
| | Laline Concepcion-Veloso |
| | Name of Person |
| | Laline Concepcion-Veloso PA |
| | Firm/Company |
| | 8105 NW 155th Street |
| | Address |
| | Miami, FL 33016 |
| | City/State and Zip Code LVELOSO@LCVLAW COM |
| | E-mail address: (to be used for future annual report notification) |
| For further | r information concerning this matter, please call: |
| | Laline Concepcion-Veloso at (3:)5 818-9993 |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed | l is a check for the following amount: |
|]\$125.00 | Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee Certificate of Status Certified Copy (additional copy is earlose |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Addres; New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

COVER LETTER

| | New Filing Section Division of Corporations | |
|-------------|--|--|
| SUBJEC | T: EGOAVIL KLUG SALAS & VE | ELOSO |
| 00000 | | imited Liability Company |
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| | Laline Concepcion-Veloso | |
| | | Name of Person |
| | Laline Concepcion-Veloso PA | |
| | | Firm/Company |
| | 8105 NW 155th Street | |
| | | Address |
| | Miami, FL 33016 | |
| | | City/State and Zip Code |
| | LVELOSO@LCVLAW.COM | |
| | E-mail address: (to be use | ed for future annual report notification) |
| For further | information concerning this matter, ples | ase call: |
| | Laline Concepcion-Veloso at (| 305)_818-9993 |
| | | Area Code Daytime Telephone Number |
| | | |
| Enclosed i | is a check for the following amount: | |
| \$125.00 F | Filing Fee \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\text{Certificate of Status & Certified Copy} \text{(additional copy is enclosed)} |
| | <u>Mailing Address</u> | Street Address |
| | New Filing Section | New Filing Section |
| | Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Ā | R1 | 1C | LE | [- | Na | me: |
|---|----|----|----|-----|----|-----|
|---|----|----|----|-----|----|-----|

The name of the Limited Liability Company is:

EGOAVIL KLUG SALAS & VELOSO PLLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

| 2525 Ponce De Leon Boulevard, Suite 300 | 2525 Ponce De Leon Boulevard, Suite 300 |
|---|---|
| Coral Gables, FL 33134 | 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:

| | Name | |
|----------------------|----------------------------|-----------|
| 8105 NW 155th St | reet | |
| Florida street addre | ss (P.O. Box <u>NOT</u> ac | ceptable) |
| Miami, | FL | 33016 |
| 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| Title: "AMBR" = Authorized Member | Same and Address: |
|--|---|
| "> GR" = Manager NGR | L. Conserver V. June |
| MUR | Latine Concepcion Valoso 2525 Ponce De Lean Boulevara, Suite 300 |
| | Coral Gables, FL 33134 |
| MGR | Etilalia Salas |
| | 2525 Ponce De Leon Roulevard, Suite 300 Coral Gables, Ft. 53134 |
| MOR | Augusta Egonvil |
| | 2575 Ponce De Leon Boulevard, Suite 300 |
| | Coral Gables, FL 33134 |
| MGR | Christopher Kla.2 |
| | 2525 Ponce De Le in Roulevard, Spite 500 Coral Gables, FL - 3134 |
| (A) e nitachinem if peressary) | |
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| AECHO J. V: Effective date, if other than the date of | Filing: September 5, 20-9 (OPTION A |
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| (II an affective date is listed, the date must be specific date of filing.) Nate: If the date inserted in this block does not mest the document's effective date on the Department of APTICLEA I: Other provisions, if any. The purposes of the company is to act as a law for the provision of the company is to act as a law for the provision of the company is to act as a law for the provision of the company is to act as a law for the provision of the company is to act as a law for the provision of the company is to act as a law for the provision of the company is to act as a law for the provision of the company is to act as a law for the provision of the company is to act as a law for the provision of the company is to act as a law for the provision of the company is to act as a law for the provision of the provision of the company is to act as a law for the provision of the provisi | the and cannot be more than five business days prioute in 90 december at the applicable statutory filing requirements, this data will be a like of Status's records. From and provide legal services. ber or an authorized representative of a member. In accordance with section 605,0203 (1) (b), Florida (10.1) s. aformation submitted in a document to the Department of the 12. |

Filing Fees:

- 3/25.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)