(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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Certificates of Status
Special Instructions to Filing Officer:

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 028283 8031138 AUTHORIZATION : (COST LIMIT : ORDER DATE: October 29, 2019 ORDER TIME : 3:36 PM ORDER NO. : 028283-005 CUSTOMER NO: 8031138 DOMESTIC_FILING NAME: OTRA CASA LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION _ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Amanda Robinson - EXT. EXAMINER'S INITIALS:

ć,

COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	OTRA CASA, LLC			
SUBJEC		Limited Liabili	ty Company	
The encl	osed Articles of Organization and fee(s) are submitted	for filing.	
Please re	turn all correspondence concerning this	s matter to the fo	ollowing:	
	YOSHIMI O. SMITH, ESQ.			
		Name of	Person	
	Beller Smith, PL			
		Firm/Co	npany	
	2101 NW Corporate Boulevard, Su	ite 316		
		Addre	ess	
	Boca Raton, Florida 33431			
	ysmith@bellersmith.com	City/State and	I Zip Code	
	E-mail address: (to be u	sed for future as	nnual report notification)	
or further	information concerning this matter, pl	ease call:		
	YOSHIMI O. SMITH	561	994-4316	
	Name of Person	Area Code	Daytime Telephone Number	 er
Enclosed	is a check for the following amount:			
\$ 125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	d Copy Cer I copy is enclosed) Cert	0.00 Filing Fee, tificate of Status & tified Copy tional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	1	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

OTRA CASA, LLC

(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:

225 NE Mizner Boulevard, Suite 685	225 NE Mizner Boulevard, Suite 685
Boca Raton, Florida 33432	Boca Raton, Florida 33432

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:

YOSHIMI O. SMITH, ESQ.	
Name	

2101 NW Corporate Boulevard, Suite 316
Florida street address (P.O. Box NOT acceptable)

Boca Raton	FL	33431	
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..

-Rogistered Agent's Signature (REQUIRED

(CONTÍNUED)

2015 0CT 29 PH 2: 71

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	YOENIS CESPEDES
	225 NE Mizner Boulevard, Suite 685
	Boca Raton, Florida 33432
MGR	EDWARD F. SMITH
	225 NE Mizner Boulevard, Suite 685
	Boca Raton, Florida 33432
in effective date is listed, the date mus date of filing.)	the date of filing: October 29, 2019 (OPTIONAL) at be specific and cannot be more than five business days prior to or 90 days after des not meet the applicable statutory filing requirements, this date will not be listed as retment of State's records.
FICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
This document is I am aware that a	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
This document is I am aware that a constitutes a third	executed in accordance with acction 605.0203 (1) (b), Florida Statutes. ny false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)