

L19000271702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

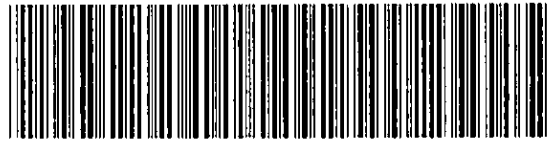
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 NOV 13 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12905 SW 42 STREET Suite: 210  
MIAMI, FL 33175  
Phone: 305-444-4994  
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Orfale Development LLC  
(CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: \_\_\_\_\_

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ORFALE DEVELOPMENT LLC

(Must end with 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:

13451 SW 99 TERR

MIAMI, FL 33186

Mailing Address:

824 INDEPENDENCE ST

APT: B

NEW ORLEANS, LA 70117

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:

CARLOS ORFALE

Name

13451 SW 99 TERR

Florida Street address (P.O. Box NOT acceptable)

MIAMI

FL

33186

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)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

CARLOS ORFALE

13451 SW 99 TERR

MIAMI, FL 33186

MGR

NASSIM ORFALE

13451 SW 99 TERR

MIAMI, FL 33186

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

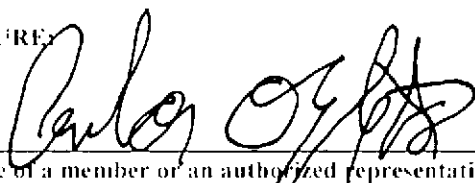
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

CARLOS ORFALE – 50% UNITS

NASSIM ORFALE –50% UNITS

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida  
Statutes. 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.

CARLOS ORFALE

\_\_\_\_\_  
Typed or printed name of signer