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Florida Department of State
Division of Corporations
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((H19000340669 3)))



H1900034066934063

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : RIVEROS CORP.
Account Number : 120190000048
Phone : (305)507-8464
Fax Number : (954)533-1785

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
MARTINEZ LOPEZ INVESTMENTS LLC

Certificate of Status	0
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STATE

COVER LETTER

((H19000340669 3)))

TO: New Filing Section
Division of Corporations

SUBJECT: MARTINEZ LOPEZ INVESTMENTS 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:

FIDEL MARTINEZ

Name of Person

Firm/Company

1820 N CORP LAKES BLVD STE 204

Address

WESTON/FL 33326

City/State and Zip Code

GERMANROJAS01@YAHOO.COM

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

For further information concerning this matter, please call:

FIDEL MARTINEZ

954

6558281

at ()

Name of Person

Area Code

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY (((H19000340669 3)))

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARTINEZ LOPEZ INVESTMENTS 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:

150 SUNNY ISLES BLVD., UNIT 1-1001
SUNNY ISLES FL 33160

Mailing Address:

150 SUNNY ISLES BLVD., UNIT 1-1001
SUNNY ISLES FL 33160

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:

GERMAN ROJAS

Name

1820 N CORP LAKES BLVD STE 204

Florida street address (P.O. Box **NOT** acceptable)

WESTON

City

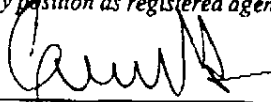
FL

State

33326

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

ARTICLE IV-

((H19000340669 3)))

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

FIDEL MARTINEZ
150 SUNNY ISLES BLVD., UNIT 1-1001
SUNNY ISLES FL 33160

MGR

INGRID CAROLINA LOPEZ
150 SUNNY ISLES BLVD., UNIT 1-1001
SUNNY ISLES FL 33160

(Use attachment if necessary)

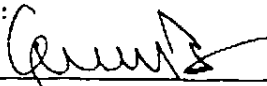
ARTICLE V: Effective date, if other than the date of filing: 11/20/2019 (OPTIONAL)

(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.

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.

GERMAN ROJAS

Typed or printed name of signee

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)

(MEL-MARTINEZLogo-B)

Michael T. Pavlou
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2601 S. Bayshore Drive, 18th Floor
Coconut Grove, Florida 33133
Telephone (305) 444-5969
Facsimile (305) 444-1939
Direct Facsimile (786) 363-1992
e-mail: mtp@mellawyers.com<mailto:cmarin@mellawyers.com>

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From: mail@mellawyers.com <mail@mellawyers.com>
Sent: Monday, December 16, 2019 10:46 AM
To: Michael T. Pavlou <mtp@mellawyers.com>
Subject: Attached Image

Michael Pavlou 7863631992

(02/06) 12/16/2019 10:49:51 AM



MARIN | ELJAIK | LOPEZ | MARTINEZ

ATTORNEYS AT LAW