Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000396313)))



	Doing so will	generate another	cover sheet.	,		2020 FEB	
To:						OD I	
	Division of Corporat			•	·/(\$1.	+	
	Fax Number : (85	0)617-6381			1,	PM 1: 09	
From:					- 4	 	
	Account Name : ANT		.LC.				
	Account Number : I20				فأهي	· 9	
	Phone : (30	•					
ann	Fax Number : (30 the email address for ual report mailings. E	this business	email address		future **	2020 FEB -4	•
ann	the email address for ual report mailings. Eddress:alons	this business inter only one coa@aapalaw.com	BILITY CO	please.	future	2020 FEB -4 PM 1:	
ann	the email address for ual report mailings. Eddress:alons	this business inter only one coa@aapalaw.com	BILITY CO	please.	future	2020 FEB -4 PM 1: 33	3
ann	the email address for ual report mailings. Eddress:alons	this business inter only one coa@aapalaw.com	BILITY CO	please.	future	2020 FEB -4 PM 1: 33	, ))
ann	the email address for ual report mailings. Eddress:alons  FLORIDA LI 129 N  Certificate of Status	this business inter only one coa@aapalaw.com	BILITY CO	please.	future **  CONTROL  C	2020 FEB -4 PM 1: 33	,

Electronic Filing Menu

Corporate Filing Menu

Help

# ARTICLES OF ORGANIZATION OF "129 N MIAMI AVE, LLC"

The undersigned, being authorized to execute and file these Articles, hereby certifies

that:

# ARTICLE I-Name:

The name of the Limited Liability Company is:

## 129 N MIAMI AVE, LLC

### ARTICLE II - Address:

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

253 NE 2nd St., Apt 4107, Miami, FL 33132

## ARTICLE III -Registered Agent and Registered Office

The name and the Florida street address of the initial registered agent are:

Antonio Alonso, PLLC. 121 ALHAMBRA PLAZA, SUITE 1500, CORAL GABLES, FL 33134

## ARTICLE IV - Managers

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

<u>Title</u>	Name and Address
Manager	Filippo Incorvaia
	253 NE 2nd St., Apt 4107
	Miami, FL 33132



13055086364 From: Antonio Alonso, Esq.

Page 1 of 2

H20000039631-3

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this \_4\_ day of February, 2020.

Antonio Alonso, Esq.

(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, F.S.)

Antonio Alonso, Esq.

### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, F.S.)

Signature of Registered Agent

ANTONIO ALONSO, PLLC, a Florida Professional Limited Liability Company

By: Antonio Alonso, Esq., its Manager