

2/4/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : TORRES & VADILLO, LLP
Account Number : 120150000038
Phone : (305)485-9700
Fax Number : (305)436-0191

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

Email Address: corporations@torresvadillo.comFLORIDA LIMITED LIABILITY CO.
THE POINTE OF HOLLYWOOD LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDADIVISION OF
COMMERCIAL
SERVICES

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Points of Hollywood LLC
Name of Limited Liability Company

The enclosed Articles of Organization and doc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manuel J. Vadillo, Esq.

Name of Person

Sanchez Vadillo LLP

Firm/Company

11402 NW 41st Street, Suite 202

Address

Doral, FL 33178

City/State and Zip Code

m|vadillo@svlawus.com

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

For further information concerning this matter, please call:

Manuel J. Vadillo, Esq.

305

436-1410

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
2651 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Points of Hollywood 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:1200 Arthur Street
Hollywood, FL 330195890 SW 8th Street
West Miami, FL 33144

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:

Manuel J. Vadillo, Es

Name

1200 Brickell Ave, Suite 1480Florida street address (P.O. Box NOT acceptable)Miami,FL33131

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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 TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

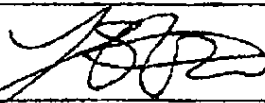
"MGR" = Manager

MGRAlain J. Hernandez
1200 Brickell Ave. Suite 1480
Miami, FL 33131MGRLonnie J. Steckler
1200 Brickell Ave. Suite 1480
Miami, FL 33131

(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.**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.817.153, F.S.Lonnie J. Steckler

Typed or printed name of signer

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)

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