

L200000067539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

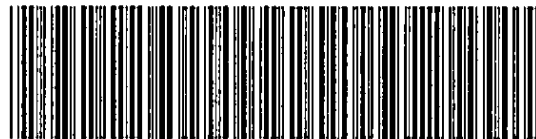
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W20000007620

W200000014036

Office Use Only



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01/02/20--01021--012 **155.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2020

JUAN PABLO CAPPELLO
600 BRICKELL AVE, STE 1725
MIAMI, FL 33131

SUBJECT: PRIVATE ADVISING GROUP PLLC
Ref. Number: W20000007620

We have received your document for PRIVATE ADVISING GROUP PLLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Shondreka M Bellenger
Regulatory Specialist II

Letter Number: 220A00001934

COVER LETTER

**TO: New Filing Section
Division of Corporations**

Private Advising Group PLLC

SUBJECT: _____
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:

Juan Pablo Cappello

Name of Person

Private Advising Group, P.A.

Firm/Company

600 Brickell Avenue, Suite 1725

Address

Miami, Florida 33131

City/State and Zip Code

jp@pag.law

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

For further information concerning this matter, please call:

Israel Alfonso, Esq.

305

582-0173

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

PRIVATE ADVISING GROUP, P.A.
600 Brickell Avenue, Ste 1725
Miami, Florida 33131

December 30, 2019

To: State of Florida
Department of State - Division of Corporations

Re: Consent to Use of Name
From Private Advising Group, P.A.
(Document Number P03000039803)

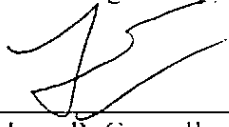
Dear Division of Corporations,

We make reference to the Articles of Organization for Private Advising Group PLLC enclosed herein.

We hereby give permission and consent for Private Advising Group PLLC to use the name Private Advising Group PLLC for all business purpose with and without the State of Florida.

Sincerely,

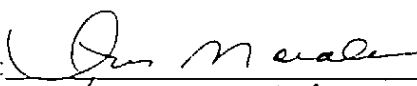
Private Advising Group, P.A.

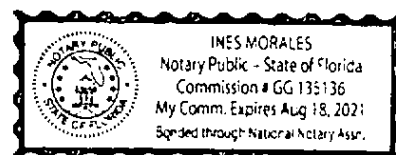
By: 
Name: Juan P. Cappello
Title: CEO

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this 30 day of December 2019 by Juan P. Cappello, as CEO of Private Advising Group, P.A., a Florida corporation. He is personally known to me personally.

[NOTARIAL SEAL]

Notary: 
Print Name: INES MORALES
Notary Public, State of Florida
My commission expires: _____



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRIVATE ADVISING GROUP PLLC

(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:

600 Brickell Avenue, Ste 1725

Miami, Florida 33131

600 Brickell Avenue, Ste 1725

Miami, Florida 33131

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:

Juan P. Cappello

Name

600 Brickell Avenue, Ste 1725

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

Miami

Florida

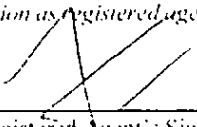
33131

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)

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

Dan P. Cappello
600 Brickell Avenue, Ste 1725
Miami, Florida 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.

The sole and specific purpose of the Limited Liability Company is to render professional legal services

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.

Dan P. Cappello

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)