

3/5/2020

Division of Corporations

L20000075038 69

Florida Department of State  
Division of Corporations  
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((H20000075038 3))



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

From: Account Name : SANCHEZ & VADILLO,LLP  
Account Number : I20150000038  
Phone : (305)485-9700  
Fax Number : (305)436-0191

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Email Address: corporations@svlaw.com

FLORIDA LIMITED LIABILITY CO.  
POD & POC LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

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TALLAHASSEE, FLORIDA

H200007503P3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

POD & POC 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:

10924 NW 7 STREET  
UNIT 701  
MIAMI, FLORIDA 33172

10924 NW 7 STREET  
UNIT 701  
MIAMI, FLORIDA 33172

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:

CESAR BLUMTRITT

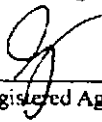
Name

10924 NW 7 STREET, UNIT 701

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

MIAMI                      FLORIDA                      33172  
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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**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

MGR

MARGARITA CARMEN BLUMTRITT  
10924 NW 7 STREET, SUITE 701  
MIAMI, FLORIDA 33172

MGR

MABEL ROSA BLUMTRITT  
10924 NW 7 STREET, UNIT 701  
MIAMI, FLORIDA 33172

MGR

CESAR BLUMTRITT  
10924 NW 7 STREET, UNIT 701  
MIAMI, FLORIDA 33172

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\_\_\_\_\_  
\_\_\_\_\_

(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.817.155, F.S.

INALVIS ZUBIAUR, INCORPORATOR

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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 FALL HAVEN, SEPT 11, 2020  
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