

3/11/2020

L 2000000 7.8974

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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.

(((H20000080846 3)))



H200000808463ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ROSILLO & ASSOCIATES, P.A.  
Account Number : I19990000127  
Phone : (305)477-5671  
Fax Number : (305)477-2648C. RICO  
MAR 17 2020

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

Email Address: customer.service@rosillocpa.com

## FLORIDA LIMITED LIABILITY CO.

## Transfer Santiago SPA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H20000080846 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is **TRANSFER SANTIAGO SPA, LLC**

ARTICLE II - ADDRESS

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

**1825 NE 171<sup>st</sup> Street  
North Miami Beach, FL 33162-3003**

ARTICLE III - STATEMENT OF PURPOSE

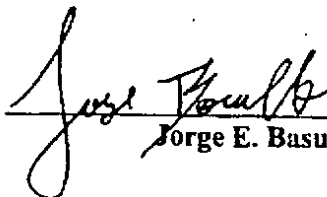
The purpose of the Limited Liability Company is to engage in any lawful activity for which the Limited Liability Company may be organized in this state.

ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

**Jorge E. Basulto  
1825 NE 171<sup>st</sup> Street  
North Miami Beach, FL 33162-3003**

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.

  
\_\_\_\_\_  
Jorge E. Basulto

(((H20000080846 3)))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 MAR 17 PM 12:03

((H20000080846 3)))

**ARTICLE V - MANAGEMENT**

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

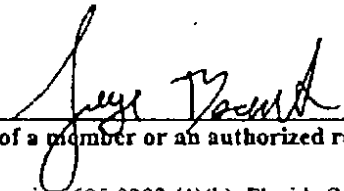
**Name and Address:**

-AMBR – Authorized Member

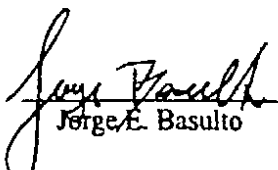
**Jorge E. Basulto  
1825 NE 171<sup>st</sup> Street  
North Miami Beach, FL 33162-3003**

-AMBR – Authorized Member

**Andrea Zuniga  
1825 NE 171<sup>st</sup> Street  
North Miami Beach, FL 33162-3003**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(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 the State constitutes a third degree felony as provided for in s.817.155, F.S.)

  
\_\_\_\_\_  
Jorge E. Basulto  
((H20000080846 3)))