

3/17/2020

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Division of Corporations

Florida Department of State  
Division of Corporations  
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Account Number : 120190000095  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: client@alexpina.co

**FLORIDA LIMITED LIABILITY CO.**  
**Urban Marketplace Development LLC**

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

2020 MAR 17 PM 4:25

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Corporate Filing Menu

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D O'KEEFE  
MAR 18 2020

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Urban Marketplace Development 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:**95 MERRICK WAY FL 3CORAL GABLES, FL 33134**Mailing Address:**95 MERRICK WAY FL 3CORAL GABLES, FL 33134**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:

Alex Pina co.

Name

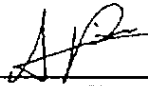
8400 NW 36th St Ste 450Florida street address (P.O. Box **NOT** acceptable)DoralFL33166

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

**Name and Address:**

"MGR" = Manager

MGRM

ROBERT RIVERA  
95 MERRICK WAY FL 3  
CORAL GABLES, FL 33134

MGRM

KERLY TINAJERO  
95 MERRICK WAY FL 3  
CORAL GABLES, FL 33134

(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:**

Kerly Tinajero

**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.

**Kerly Tinajero**

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)**

**S 5.00 Certificate of Status (Optional)**

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2016 JUL 17 PM 1:40  
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