

L20000183988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

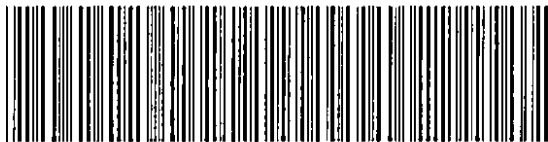
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



600347498996

FILED

2007 JUL -8 PM 1:20

2007 JUL -8 PM 1:20

0 9 2007



COGENCYGLOBAL<sup>®</sup>

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 07/08/2020

Name: Merritt Walker

Reference #: 1241055

Entity Name: 43 ATLANTIS LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$155

Signature: *MW*

**ARTICLES OF ORGANIZATION  
OF  
43 ATLANTIS LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **43 ATLANTIS LLC**

**ARTICLE II: - Address**

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

**325 Ridgewood Road  
Key Biscayne, Florida 33149**

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**Cogency Global Inc.  
115 North Calhoun Street, Suite 4  
Tallahassee, Florida 32301**

*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.*

COGENCY GLOBAL INC., as Registered Agent

By: Merritt Walker  
Name: Merritt Walker  
Title: Asst. Secretary

**ARTICLE IV: - Management**

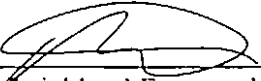
The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
AMBR	Albion Group Ltd. Trident Chambers, PO Box 146 Road Town, Tortola British Virgin Islands

\* \* \* \* \*

FILED  
2020 JUL -8 PM 1:20  
TALLAHASSEE, FLORIDA

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on July 7<sup>th</sup>, 2020.

  
\_\_\_\_\_  
Rodrigo Strickland Faro, 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 State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

\_\_\_\_\_  
Rodrigo Strickland Faro  
Typed or printed name of signee