# Electronic Articles of Organization For Florida Limited Liability Company

L200001 FILED 8: July 02, Sec. Of ! jsdennis

#### Article I

The name of the Limited Liability Company is:

CLAIMS 1212, LLC

#### Article II

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

1400 NW 107TH AVE UNIT 201 MIAMI, FL. 33172

The mailing address of the Limited Liability Company is:

1400 NW 107TH AVE UNIT 201 MIAMI, FL. 33172

#### **Article III**

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

TULIA J CAPRILES 11343 NW 69 STREET DORAL, FL. 33178

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.

Registered Agent Signature: TULIA J CAPRILES

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR RAFAEL J BARALT ROBLES 9746 NW 10TH ST MIAMI, FL. 33172

Title: AMBR TULIA J CAPRILES DI CERA 11343 NW 69 STREET DORAL, FL. 33178

Title: AMBR ALBERTO F PINERO ROBLES 11343 NW 69 STREET DORAL, FL. 33178

### Article V

The effective date for this Limited Liability Company shall be:

07/02/2020

Signature of member or an authorized representative

Electronic Signature: TULIA J CAPRILES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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