

L20000217859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

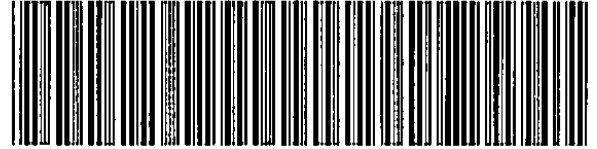
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2020 JUL 13 PM 2:27
TALLAHASSEE, FL

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: The Martin-Lavielle Group, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ana Martin-Lavielle

Name of Person

Perez-Abreu & Martin-Lavielle, P.A.

Firm/Company

901 Ponce de Leon Blvd., Suite 502

Address

Coral Gables, FL, 33134

City/State and Zip Code

fermpm1425@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando Pinera

786

489-2022

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 JUL 13 PM 2:27
STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Martin-Lavielle Group, 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:

541 SW 24th Road
Miami, FL, 33129

Mailing Address:

901 Ponce de Leon Blvd
Suite 502
Coral 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:

Ana Martin-Lavielle

Name

901 Ponce de Leon Blvd, Suite 502

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

Coral Gables

FL

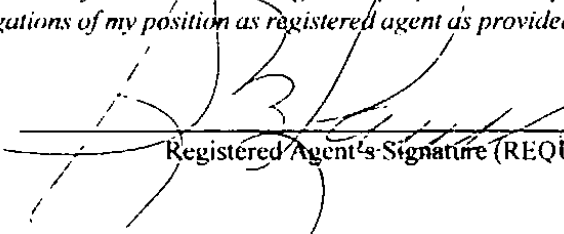
33134

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)

2020 JUL 13 PM 2:27
TALLAHASSEE, FL
OFFICE OF STATE

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Fernando Pinera
541 SW 24th Road
Miami, FL, 33129

AMBR

Ana Martin-Lavielle
901 Ponce de Leon Blvd, Suite 502
Coral Gables, FL, 33134

(Use attachment if necessary)

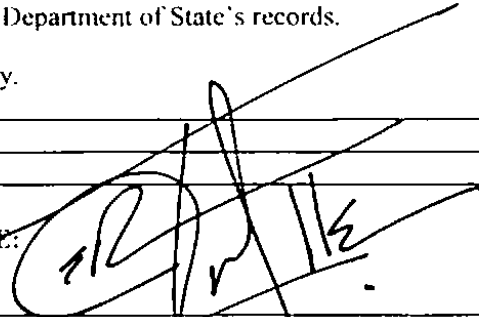
ARTICLE V: Effective date, if other than the date of filing: 13 July 2020 (OPTIONAL)

(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; 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.

Fernando Pinera

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)
- \$ 5.00 Certificate of Status (Optional)

2020 JUL 13 PM 2:27
DEPT. OF STATE
TALLAHASSEE, FL