

L20000292989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

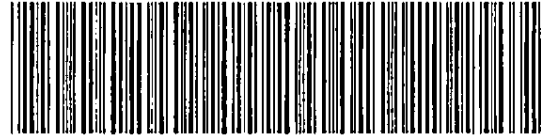
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/25/20--01001--022 \*\*500.00

SEP 24 PM 4:30

FILED  
2020 SEP 24 AM 10:12  
C RICO  
SEP 24 2020

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

\_\_\_\_\_  
(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. FLORENTINE PLACES, LLC

Name

Document Number (if known)

x Walk in

\_\_\_\_ Will wait

\_\_\_\_ Certified Copy of:

\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_ Profit

\_\_\_\_ Not for Profit

X Limited Liability

\_\_\_\_ Domestication

\_\_\_\_ INC

\_\_\_\_ OTHER

**AMENDMENTS**

\_\_\_\_ Amendment

\_\_\_\_ Resignation of R.A. Officer/Director

\_\_\_\_ Change of Registered Agent

\_\_\_\_ Dissolution/Withdrawal

\_\_\_\_ Merger

**OTHER FILINGS**

\_\_\_\_ Annual Report

\_\_\_\_ Fictitious Name

\_\_\_\_ Statement of Authority

\_\_\_\_ APOSTIL

\_\_\_\_\_  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign

\_\_\_\_ Limited Partnership

\_\_\_\_ Reinstatement

\_\_\_\_ Trademark

\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** FLORENTINE PLACES, 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:

MARIA ZAMBRANO  
Name of Person  
SENTINEL CORPORATE SERVICES  
Firm/Company  
14411 S. DIXIE HWY SUITE 220  
Address  
MIAMI, FL 33176  
City/State and Zip Code  
paralegal@lef-law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Zambrano      305      239-9427  
Name of Person      at (      )      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORENTINE PLACES, 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:

14411 S. Dixie Hwy

Suite 220

Miami, FL 33176

Mailing Address:

14411 S. Dixie Hwy

Suite 220

Miami, FL 33176

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:

SENTINEL CORPORATE SERVICES LLC

Name

14411 S. Dixie Hwy, Suite 220

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

Miami

Florida

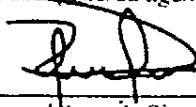
33176

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)

FILED  
2020 SEP 24 AM 10:12  
TALLAHASSEE, FL

**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:**

MGR

Rodrigo Blanco  
14411 S. Dixie Hwy, Suite 220  
Miami, FL 33176

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

*Rodrigo Blanco*

\_\_\_\_\_  
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.

\_\_\_\_\_  
Rodrigo Blanco

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)