## L2000 32 1886

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>(</del> ; #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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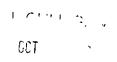
19/29/29--91919--991 \*\*309.00

10/20/20--01001--008 \*\*75.00

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QED

2020 OCT 19 PM 12: 19
3 SECRETARY OF STATE
TALLAHASSEE, FL



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

Business Name & Document Number, (if kn	(OFFICE USE ONLY) nown):		
1. CANVAS NEIGHBORHOOD, LLC			
Name	Document Number (if known)		
_x_ Walk in	Will wait		
Certified Copy of:			
Certificate of Status			
NEW FILINGS	<u>AMENDMENTS</u>		
Profit Not for ProfitX_ Limited Liability Domestication INC	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Conversion		
OTHER	Merger		
OTHER FILINGS	REGISTRATION/OUALIFICATIONS		
Annual Report	Foreign Limited Partnership		
Fictitious Name	Reinstatement		
Statement of Authority			
APOSTIL COUNTRY	Trademark Other		

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

## **COVER LETTER**

TO:	ew Filing Section livision of Corporations
CHD IE	CANVAS NEIGHBORHOOD, LLC
SUBJEC	Name of Limited Liability Company
The encl	sed Articles of Organization and fee(s) are submitted for filing.
Please re	arm all correspondence concerning this matter to the following:
	MARIA C. ZAMBRANO
	Name of Person
	SENTINEL CORPORATE SERVICES LLC
	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	nformation concerning this matter, please call:
	LUIS E. FERNANDEZ, ESQ. 305 239 9427 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	s a check for the following amount:
	Filing Fee Status Certified Copy Certificate of Status Certificate copy is enclosed Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				2020 OCT 19 PM 12: 19
The name of the Limited Liability	y Company is:			
	CANVAS N	NEIGHBORHOOD, LL	C	SECRETARY OF STATE TALLAHASSEE, FL
(Must conta	ain the words "Limited	Liability Company, "L.	L.C" or "Ll.C.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	office of the Limited Lia	bility Company is	:
Principa	al Office Address:		Mailing A	ddress:
1411 S DIXIE HWY	ŕ	14411 S	DIXIE HWY	
SUITE 220		SUITE		<del></del>
MIAMI, FL 33176		MIAMI	, FL 33176	
The name and the Florida street a	-	d agent are: ORPORATE SERVICE Name	S LLC	_
	14411 S 1	DIXIE HWY, SUITE 2	20	
		s (P.O. Box <u>NOT</u> accep	· · · · · · · · · · · · · · · · · · ·	-
	MIAMI	FLORIDA	33176	_
	City	State	Zip	
Having been named as registered a place designated in this certificate	igent and to accept serv	ice of process for the abo	ove stated limited i	liability company at the
urther agree to comply with the pro um familiar with and accept the obl	I hereby accept the app ovisions of all statutes r ligations of my position	ointment as registered a elating to the proper and	gent and agree to d complete perforn rovided for in Cha	act in this capacity. I nance of my duties, and I

(CONTINUED)

(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
(Use attachment if necessary)  CTICLE V: Effective date, if other than the date of filing:	MGR	14111 S DIXIE HWY, SUITE 220	
(Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:			21
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:	<del> </del>		2020 OCT 19 PM 12: 19
FICLE V: Effective date, if other than the date of filing:			PM 12: 1
in effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 late of filing.)  E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	(Use attachment if necessary)	ਜ	Œ
decanett s effective date of the Department of State's records.	trective date is listed, the date must be spece of filing.)	cific and cannot be more than five business days prior to or 90 day eet the applicable statutory filing requirements, this date will not be	
FICLE VI: Other provisions, if any.	LE 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)