Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GASTESI & ASSOCIATES, PA

Account Number : I20160000070 Phone : (305)818-9993 Fax Number : (305)818-9997

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

RAULPAREDES@AOL.COM Email Address:

FLORIDA LIMITED LIABILITY CO. BIANCA MAR, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

J. FASON

OCT 3 0 2020

Electronic Filing Menu Corporate Filing Menu

Help

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COVER LETTER

	lew Filing Sec Division of Cor				
SUBJECT	BLANCA 1	MAR, LLC.			
202020		Name (of Limited Liabil	ty Company	
The enclos	sed Articles of	Organization and fee	(s) are submitted	for filing.	
Please retu	ırn al! correspo	ondence concerning t	nis matter to the f	ollowing:	
	RAUL J. PA	REDES			
		· · · · · · · · · · · · · · · · · · ·	Name of	Person	**************************************
	BIANCA M	AR, LLC.			
			Firm/Co	mpany	
	11850 SW 6	9 AVE			
			Addr	ess	
	MIAMI, FL	33156			
	RAULPARE	DES@AOL.COM	City/State an	d Zip Code	
	I	E-mail address: (to be	used for future	unnual report notification	on)
For further i	information co	ncerning this matter,	please call:		
	RAUL J. PA		305 at (282-2015	
	Nam	e of Person		Daytime Telephone	Number
Enclosed i	s a check for t	he following amount:			
≣\$125.00	O Filing Fee	S130.00 Filing I Certificate of State	us Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address Tiling Section on of Corporations Box 6327 tassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	ssee et, Suite 810

(((H200003769513)))

ARTICLE			
ARTICLE I - Name: The name of the Limited Liz	ibility Company is:		
BIANCA MAR,	LLC.		
(Must	contain the words "Limited I	iability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	eet address of the principal of	ffice of the Limite	d Liability Company is:
Pris	ncipal Office Address:		Mailing Address:
			850 SW 69 AVE.
11850 SW 69 A	VE.	<u>118</u>	DUSW OF AYE.
MIAMI, FL 331 ARTICLE III - Registered (The Limited Liability Comp	Agent, Registered Office, a pany cannot serve as its own	MI & Registered Age Registered Agent.	AMI, FL 33156
MIAMI, FL 331 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, a pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent.	AMI, FL 33156 ent's Signature:
MIAMI, FL 331 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, a pany cannot serve as its own an active Florida registration	& Registered Age Registered Agent. n.) agent are:	AMI, FL 33156 ent's Signature:
MIAMI, FL 331 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, a pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent.	AMI, FL 33156 ent's Signature:
MIAMI, FL 331 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, a pany cannot serve as its own an active Florida registration reet address of the registered RAUL GASTESI 8105 NW 155 STRE	& Registered Age Registered Agent. n.) agent are: Name	AMI, FL 33156 ent's Signature: . You must designate an individual or
MIAMI, FL 331 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, a pany cannot serve as its own an active Florida registration reet address of the registered RAUL GASTESI	& Registered Age Registered Agent. n.) agent are: Name	AMI, FL 33156 ent's Signature: . You must designate an individual or
MIAMI, FL 331 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, a pany cannot serve as its own an active Florida registration reet address of the registered RAUL GASTESI 8105 NW 155 STRE	& Registered Age Registered Agent. n.) agent are: Name	AMI, FL 33156 ent's Signature: . You must designate an individual or

the 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 at registered agent as provided for in Chapter 605, F.S..

(gent's Signature (REQUIRED)

(CONTINUED)

(((H20000376951 3)))

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	RAUL J. PAREDES
272.023	11850 SW 69 AVE
	MIAMI, PL 33136
(Use attachment if necessary)	the date of filing: (OPTIONAL)
EV: Effective date, if other than lective date is listed, the date mu of filing.) If the date inserted in this block d	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days oes not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block dunent's effective date on the Dep	oes not meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than lective date is listed, the date mu of filing.) If the date inserted in this block d	ast be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be partment of State's records.
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EV: Effective date, if other than sective date is listed, the date must of filing.) If the date inserted in this block dument's effective date on the Dept. EVI: Other provisions, if any. REOUIRED SIGNATURE: Signatur This document	oes not meet the applicable statutory filing requirements, this date will not be partment of State's records. e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes any false information submitted in a document to the Department of State
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Filing Pees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)