

L20000367849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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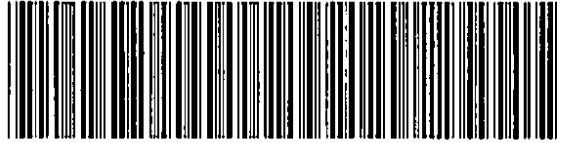
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CASA CAROLINA NC LLC

Signature _____

Requested by: BA

12/03/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- ☒ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR

CASA CAROLINA NC LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **CASA CAROLINA NC LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **5375 SW 62 AVE, MIAMI, FL 33155**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **RICARDO ORDONEZ, 5375 SW 62 AVE, MIAMI, FL 33155**

ARTICLE V: MANAGERS

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

SUZANNE PEREZ-GURRI, Manager, 10421 SW 80TH CT, MIAMI, FL 33156

DIEGO TORRES, Manager, 95 BLACK HICKORY WAY, ORMOND BEACH, FL 32174

KRISTEN ORDONEZ, Manager, 5375 SW 62 AVE, MIAMI, FL 33155

CARLOS X. VALLEJO, Manager, 5375 SW 62 AVE, MIAMI, FL 33155

MARIA ISABEL CARDOVEZ, Manager, 5375 SW 62 AVE, MIAMI, FL 33155

The undersigned has executed these Articles of Organization for filing purposes this 3rd day of December 2020.

/S/ RICARDO ORDONEZ as Authorized Representative for CASA CAROLINA NC LLC

Authorized Representative

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **CASA CAROLINA NC LLC**
2. The name and street address of the registered agent and office is:

RICARDO ORDONEZ, 5375 SW 62 AVE, MIAMI, FL 33155

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ RICARDO ORDONEZ

RICARDO ORDONEZ

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