

L20000 380003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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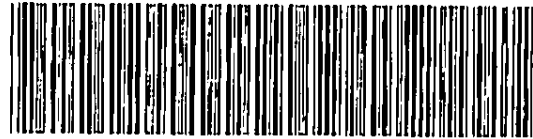
(Business Entity Name)

(Document Number)

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- ☐ **CERTIFIED COPY** _____
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1. PLATINO VIP 01, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

PLATINO VIP 01, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**107 LOREDO LANE
KISSIMMEE, FL 34743**

Mailing Address:

**107 LOREDO LANE
KISSIMMEE, FL 34743**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:


The name and the Florida street address of the registered agent are:

PLATINO V.I.P. COMPANY

107 LOREDO LANE

KISSIMMEE, FL 34743

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

(CONTINUED)

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ARTICLE IV- Members/Managers

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

PLATINO VIP COMPANY
107 LOREDO LANE
KISSIMMEE, FL 34743

MGR

LEONIDAS GARCIA SANDOVAL
107 LOREDO LANE
KISSIMMEE, FL 34743

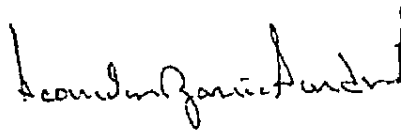
MGR

RAFAEL EDUARDO VARGAS ALBA
107 LOREDO LANE
KISSIMMEE, FL 34743

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is January 1, 2021.

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.

LEONIDAS GARCIA SANDOVAL

Typed or printed name of signee