

L200000389382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

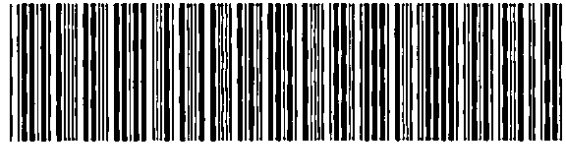
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** 12/11/2020

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** LLC \_\_\_\_\_

1. **PLATINO VIP 02, 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2020

CORPORATE ACCESS

SUBJECT: PLATINO VIP 02, LLC  
Ref. Number: W20000141163

We have received your document for PLATINO VIP 02, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Registered Agent and Ambr name must be listed exactly as it appears on DOS records. CORRECT the Ambrs name

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 420A00025091

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**PLATINO V.I.P. 02, 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:**

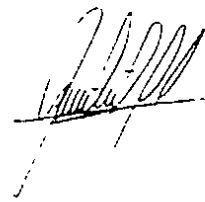
**107 LOREDO LANE  
KISSIMMEE, FL 34743**

**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)

**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 V.I.P. 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**

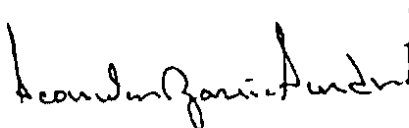
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**ARTICLE V: EFFECTIVE DATE**

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