

L210000 48947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

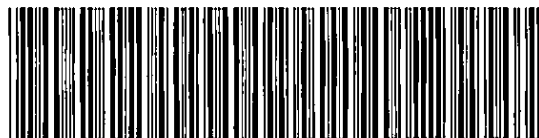
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/08/21 -- 01002 -007 **125.00

21 FEB -8 PM 3:55

2021 FEB -8 PM 1:57

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

I. LA CRUZ DEL MORO INT LLC
Name Document Number (if known)

☒ Walk in ☐ Will wait

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ INC

☐ OTHER - Corp

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☒ Conversion

☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ Statement of Authority

☐ APOSTIL () ☐
COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Limited Partnership
☐ Reinstatement

☐ Trademark
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CREDIT ADVISORY
NOTICE

RE: CREDIT ADVISORY - CREDIT ADVISORY

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Mailing Address

New Filing Section
Division of Corporations
P.O. Box 1227
Tallahassee, Florida 32304

Street Address

New Filing Section Division
Herbert H. Lehman
215 S. Monroe Street, Suite 100
Tallahassee, Florida 32304

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLYCRUZ DEL MARO INT'L LLC

(Must contain the words "Limited Liability Company," "LLC," or "L.L.C.")

ARTICLE II - Address:

City, county, and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

777 BRICKELL AVE
SUITE 500-49
MIAMI, FL 33131

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SUITE 500-49
MIAMI, FL 33131

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

The Limited Liability Company cannot serve as its own Registered Agent. You must designate another Florida entity or another business entity with an active Florida registration.

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

BUTMAN PARTNERS CORP.
Name

777 BRICKELL AVE SUITE 500-49
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33131
City State Zip

I, the undersigned, am a registered agent and to accept service of process for the above stated Limited Liability Company. I hereby accept the appointment as registered agent, making certain that I will comply with the provisions of all statutes relating to the proper and competent service of process on the company, and accept the obligations of my position as registered agent as provided by law.

M E DOWD
Registered Agent's Signature (Typed Name)

(CONTINUED)

2021 FEB -8 PM 1:57

309

ARTICLE IV.

(Name and address of each person authorized to manage and control the Fictitious Company)

Title:

MEMBER Author (Member)

MANAGER

AGENT

Name and Address:

MARTIN DELLOCA
77 BRICKELL AVE STE 900
MIAMI FL 33130

Use attachment if necessary.

ARTICLE V: Effective date, if other than the date of filing.

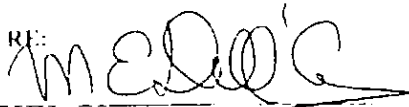
(OPTIONAL)

If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the date will be the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 of the 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.

MARTIN DELLOCA

(Typed or printed name of signer)

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 15.00 Certificate of Status (Optional)