

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L21000083648772

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.

(((H21000083648 3)))



H210000836483ABC%

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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
1111 HOLDINGS GROUP LLC

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

*PLEASE GIVE ORIGINAL
J8MISSION DATE AS THE
LE DATE 3/1/21*****

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Corporate Filing Menu

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3/8/21

SA

2021 MAR - 5 PM 4:38

RECEIVED

STATE
DIVISION OF
CORPORATIONS
COMMERCIAL
SERVICES

H21000083648 3

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 1111 Holdings Group LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Lago

Name of Person

1111 Holdings Group LLC

Firm/Company

10820 SW 200th Drive Ste Ofc

Address

Miami, FL 33157

City/State and Zip Code

jc@pagroupre.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Lago

305

253-8225

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2021 MAR - 6 PM 4:00
TALLAHASSEE, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2021

JOHN LAGO
10820 SW 200TH DRIVE
STE OFC
MIAMI, FL 33157US

SUBJECT: 1111 HOLDINGS GROUP LLC
REF: W21000029709

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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

SHAMIYA M HARRIS
Regulatory Specialist II
New Filings Section

FAX Aud. #: H21000083648
Letter Number: 621A00004590

P.O BOX 6327 - Tallahassee, Florida 32314

FILED
2021 MAR - 1 PM 4:00
FLORIDA

Kim Tadlock

From: faxfinder@capitol-services.com
Sent: Monday, March 01, 2021 4:58 PM
To: Kim Tadlock
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20210301_155748_0000441E-0000.pdf

Create Time: 03/01/2021 03:54:00 PM
Schedule Time: 03/01/2021 03:57:48 PM
State: sent
Schedule Message: Successfully sent fax
Hangup code: 0
Try #: 1
Username: admin
Sender name: Kim Tadlock
Sender email: ktadlock@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.
Subject: H21000083648 3
Max tries: 5
Try interval: 600
Priority: 3
Pages: 5
Recipient fax: 850-617-6381
Recipient phone:
Recipient name:
Recipient org: FL SOS
Use cover page: true
Receipt: always
Print receipt: never
Print receipt printer:
Print receipt first page: false
Fax Page Size: auto

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FLORIDA

H21000083648 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1111 Holdings Group LLC

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

ARTICLE II - Address:

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

Principal Office Address:10820 SW 200th DriveSte OfcMiami, FL 33157**Mailing Address:**10820 SW 200th DriveSte OfcMiami, FL 33157**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

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

Alberto N Moris P.A.

Name

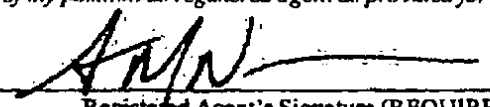
3650 NW 82nd Ave Ste 401Florida street address (P.O. Box **NOT** acceptable)DoralFL33166

City

State

Zip

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 (REQUIRED)

(CONTINUED)

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STATE
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H21000083648 3

H21000083648 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

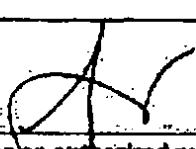
"MGR" = Manager

Name and Address:MGRJohn Lago10820 SW 200th Drive Ste QfcMiami, FL 33157

(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, this date will not be listed as 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 (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.John Lago

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)

\$ 5.00 Certificate of Status (Optional)

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H21000083648 3