3/5/2021

Division of Corporations

## Florida Department of State

Division of Corporations



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To:				<b>35</b>
	Division of Co	rporations	•	رد
	Fax Number	: (850)617-6381		က်
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From:				=======================================
	Account Name	: RICHARDS & PARTNERS, P.A.	(-, (-)	_
	Account Number	: 120110000091	±51	<u> </u>
	Phone	: (305)858-99 <del>00</del>	サ 単語	0 .
	Fax Number	: (305)285-0015	<b>*</b>	(

## FLORIDA LIMITED LIABILITY CO. FORTALEZA GROUP LLC

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

Electronic Filing Menu Corporate Filing Menu

Email Address:

Help

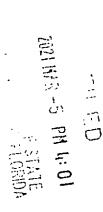
## COVER LETTER

TO:	New Filing Sec Division of Cor						
erm rez		ZA GROUP LLC					
SUBJEC	-,1:	Name of L	imited Lisbil	ity Company		-	
The encl	osed Articles of	Organization and fee(s)	are submitted	for filing.			
Please re	eturn all correspo	ondence concerning this r	natter to the i	following:			
	ELENA DIA	z					
			Name of	Person			
	RICHARDS	& PARTNERS, P.A					
			Firm/Co	mpany	·		
	2665 SOUT	H BAYSHORE DRIVE,	SUITE 703				
			Addı	ess			
	MIAMI, FLO	ORIDA 33133					
			City/State ar	d Zip Code			
	ediaz@richar	E-mail address: (to be use	d for future :	innual report notification	on)		
For furthe	er information co	ncerning this matter, plea	ise call:				
	ELENA DIA	Z at (	305	8589900		_	
	Nam	ne of Person	Area Code	Daytime Telephone	Number		
Enclose	d is a check for t	he following amount:					
	.00 Filing Fee	S130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ied Copy al copy is enclosed)	Certificate Certified (	Filing Fee, e of Status & Copy opy is enclosed	)
	New F Division P.O. H	ng Address  illing Section on of Corporations dox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee L Suite 810	HKR -5 PH 4:01	75 00

FORTALEZA GR	OUPLIC			
	ontain the words "Limited Liabil	ity Company, "L.	L.C.," or "LLC.")	-
TICLE II - Address:				
	t address of the principal office of	of the Limited Lis	bility Company is:	
Princ	ipal Office Address:		Mailing Address:	
2665 SOUTH BAY	YSHORE DR, SUITE 703		UTH BAYSHORE DR, SUI	TE 703
MIAMI, FLORIDA		MIAMI	, FLORIDA 33133	
e Limited Liability Compa ther business entity with a	Agent, Registered Office, & Re my cannot serve as its own Regi- in active Florida registration.)	stered Agent You		il or
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Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

"AMBR" = Authorized Member	Name and Address:
"MGK" = Manager	
MGR	GABRIEL LOSADA
	2665 SOUTH BAYSHORE DR, SUITE 703
	MIAMI, FL 33133
MGR	VANESSA OCHOA
	2665 SOUTH BAYSHORE DR, SUITE 703 MIAMI, FL 33133
	:
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(Use attachment if necessary)	
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	ot meet the applicable statutory filing requirements, this date will not ent of State's records.
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