

# L21000162296

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

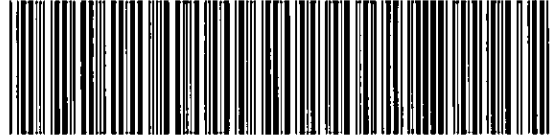
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2021 APR 14 PM 4: 21

SECRETARY OF STATE  
TALLAHASSEE, FL

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2021 APR 14 PM 2: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 763379 8287610

AUTHORIZATION :

*Signature*

COST LIMIT : \$ 125.00

ORDER DATE : April 13, 2021

ORDER TIME : 9:56 AM

ORDER NO. : 763379-015

CUSTOMER NO: 8287610

DOMESTIC FILING

NAME: CFCW RED BUG, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** CFCW Red Bug, 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:

Marianne Romero

\_\_\_\_\_  
Name of Person

Clean Streak Ventures LLC

\_\_\_\_\_  
Firm/Company

Gables International Plaza, 2655 Le Jeune Road, Suite 910

\_\_\_\_\_  
Address

Coral Gables, Florida 33134

\_\_\_\_\_  
City/State and Zip Code

mromero@mkhpartners.com

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 APR 16 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 15, 2021

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: CFCW RED BUG, LLC  
Ref. Number: W21000050910

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

The city in the document is misspelled.

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: 021A00007776

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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2021 APR 14 PM 4: 22

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CFCW Red Bug, 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:**

**Mailing Address:**

Gables International Plaza,  
2655 Le Jeune Road, Suite 910  
Coral Gables, Florida 33134

Gables International Plaza,  
2655 Le Jeune Road, Suite 910  
Coral Gables, Florida 33134

**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:

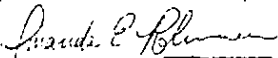
Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)

<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
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.*

Corporation Service Company

By   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Andres Bethencourt  
Gables International Plaza, 2655 Le Jeune Road, Suite 910  
Coral Gables, Florida 33134

MGR

Christopher Woodburn  
Gables International Plaza, 2655 Le Jeune Road, Suite 910  
Coral Gables, Florida 33134

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

*Christopher J. Woodburn*

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.

Christopher Woodburn

Typed or printed name of signee

**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)

SECRET  
DEPARTMENT OF STATE  
RECEIVED  
APR 14 2021

2021 APR 14 PM 4:22

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