L2 1000 17-0206

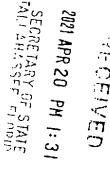
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK J? ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



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COVER LETTER

	lew Filing Sec Division of Co				
		Ellensville Manag	gement Li	_C	
SUBJECT	Γ:	· · · · · · · · · · · · · · · · · · ·			
		Name of Li	mited Liabili	ty Company	
The enclos	sed Articles of	Organization and fee(s) a	re submitted	for filing.	
Please retu	ım all correspo	ondence concerning this m	atter to the f	ollowing:	
	LUIS E. FE.	RNANDEZ, ESQ.		_	
			Name of	Person	
	SENTINEL.	CORPORATE SERVICE	S LLC		
			Firm/Co	npany	
	14411 S. DI.	XIE HWY SUITE 220		, •	
			Addre	rss	
	MIAMI, FL	33176			
	PARALEGA	_@LEF-LAW.COM	City/State and	l Zip Code	
•		-mail address: (to be used	for future a	nnual report notificat	ion)
For further i	nformation co	ncerning this matter, pleas	e call:		
	LUIS E. FER	NANDEZ, ESQ 3	05	239-9427	
		at () <u> </u>	
	Nam	e of Person A	rea Code	Daytime Telephon	e Number
Enclosed is	a check for th	ne following amount:			
≘\$ 125.00	Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:				
Ellensville Manageme					
(Must conta	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		_
ARTICLE II - Address: The mailing address and street ad	dress of the principal (office of the Limited	Liability Company is:		
Principa		Mailing Address:			
14411 S. DIXIE HWY		1-441	1 S. DIXIE HWY		
SUITE 220			FE 220		_
MIAMI, FL 33176			MI, FL 33176	 -	
another business entity with an ac The name and the Florida street ac		d agent are:		:	2021 APR 2.0
	-				
Name					=
	•	7			
Florida street address (P.O. Box NOT acceptable)				:	
			1 /	I	
	MIAMI	FI	33176	'	ر ن
	City	State	Zip		
Having been named as registered ag place designated in this certificate, l further agree to comply with the pro am familiar with and accept the obli	hereby accept the app visions of all statutes r igations of my position	ointment as registere elating to the proper	ed agent and agree to act and complete performance as provided for in Chapter	in this capacity or of my duties	v 1

"AMBR" = Authorized Member "MGR" = Manager MGR	RODRIGO BLANCO				
•	RODRIGO BLANCO				
	WODINGS BITTINGS				
	14411 S. DIXIE HWY SUITE 220				
	MIAMI, FL 33176				
					
an effective date is listed, the date must be spo date of filing.)	of filing:				
TICLE VI: Other provisions, if any.					

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)

ARTICLE IV-