L21000186290

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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SECULTARY OF STAT

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PANDIORCOS LLC	<u> </u>			
			· · · · · ·	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
		ĺ		RA Resignation
				Dissolution / Withdrawa)
				Annual Report / Reinstatement
			<u> </u>	Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
			<u> </u>	Certificate of Fictitious Name
			 	Corp Record Search
				Officer Search
			<u> </u>	Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: SETH	04/27/21			UCC or 3 File
Name	— Date	Time		UCC Search
				UCC 11 Retrieval

COVER LETTER

10:	New Filing Section Division of Corporations
SUBJE	Pandiorcos LLC
30000	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Marcell Felipe
	Name of Person
	Marcell Felipe Attorneys
	Firm/Company
	1001 Brickell Bay Drive Suite 2730
	Address
	Miami, FL 33131
	City/State and Zip Code frontdesk@marcellfelipe.com
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Marcell Felipe 305 381-8500 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:
\$125.00	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2021 APR 29 AM 8: 39

SECRETA LOF STATE TAILLE ALGEE, FL

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

ARTICLE II - Address:

City

The mailing address and stree	et address of the principal o	flice of the Limited	Liability Company is:		
<u>Prin</u>	cipal Office Address:		Mailing Address:		
1001 Brickell Bay	Drive Suite 2730	1001	Brickell Bay Drive Suite 2730		
Miami, FL 33131		Miam	Miami, FL 33131		
ARTICLE III - Registered A (The Limited Liability Companother business entity with a The name and the Florida stre	any cannot serve as its own an active Florida registration	Registered Agent. Yon.)	t's Signature: 'ou must designate an individual or		
	Marcell Felipe, P.A.				
		Name			
	1001 Brickell Bay Dr	rive Suite 2730	<u> </u>		
	Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)		
	Miami	Florida	33131		

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.

State

Natalia Mun Z.

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Maria F Builes
	1001 Brickell Bay Drive Suite 2730
	Miami, FL 33131
MGR	Efrain Espinosa
	1001 Brickell Bay Drive Suite 2730
	Miami, FL 33131
	Miami, FL 33131
	
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(Use attachment if necessary)	m
CLE V: Effective date, if other than the date of filing	;: (OPTIONAL)
	id cannot be more than five business days prior to or 90 days after
te of filing.)	
	applicable statutory filing requirements, this date will not be listed as
cument's effective date on the Department of State	's records.
CLE VI: Other provisions, if any.	
•	

REOUIRED 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.

Natalia Munoz

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)