

Division of Corporations Electronic Filing Cover Sheet

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.

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To:	Division of Corporations	NE IV	7. 1.
	Fax Number : (850)617-6381	SEE,	ು <u>≃</u>
From:	Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : 120180000011		AH 10: 17
	Phone : (844)386-0178	D/A	7
	Fax Number : (214)317-4754		
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

HelpT. BURCH MAY 1 4 2021

\$125.00

To: 18506176381 From: 12147128131 Date: 05/13/21 Time: 8:08 PM Page: 02/03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

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The name of the Limited Liability Company is:

Imperial 2505 LLC

(Must conatin 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:

Prin	cina	l Office	Address	

Mailing Address:

c/o Newmeyer Law, PLLC	c/o Newmeyer Law, PLLC
1390 S Dixie Hwy, Ste 1203	1390 S Dixie Hwy, Ste 1203
Coral Gables, FL 33146	Coral Gables, F1. 33146

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:

	Name	
1390 S Dixie Hwy,	Ste 1203	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Coral Gables	Fl.	33146
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..



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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			
AMBR	Maria de Lourdes Pino Arroba 1627 Brickell Ayenue, Unit 2505		
	Miami, FL 33129		
AMBR	Jose Fernando Pino Arroba		
	1627 Brickell Avenue, Unit 2505 Miami, FL 33129		
	Main, 11, 551-2		
AMBR	Daniel Alfredo Pino Arroba		. 3
	1627 Brickell Avenue, Unit 2505 Miami, FL 33129	<u> </u>	,
	7/11diff. 1_1	<u></u>	
		- i - i - i - i - i - i - i - i - i - i	1 1
AMBR	Alvaro Ernesto Pino Arroba	- 5- 5 (- -
	1627 Brickell Avenue . Unit 2505 Miami, FL 33129	<u></u>	. ,
	whanh, FL 33129		
(If an effective date is listed, the date must be the date of filing.)	date of filing: e specific and cannot be more than five business not meet the applicable statutory filing requirement nent of State's records.	days prior to or 90 days a	
ARTICLE VI: Other provisions, if any.			
This decument is entire I am aware that any	a member or, a authorized representative of a ceuted in accordance with section 605.0203 (1) (the false information submitted in a document to the Legree felony as provided for in s.817.155, F.S.	o), Florida Statutes.	
	Michael Newmeyer, Esq.		
	(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)