

# L21000231875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

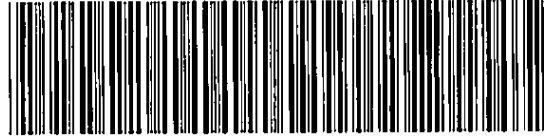
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



700366654987

05/19/21--01006--031 \*\*125.00

ALLAHASSEE, FL

2021 MAY 19 PM 2:33

RECEIVED

SEC. OF STATE  
TALLAHASSEE, FL

2021 MAY 19 PM 12:08

11-10

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

ECHO SIERRA LLC

PLEASE RETURN A STAMPED COPY

CHECK# 8980      FOR: \$125.00

THANK YOU!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ECHO SIERRA, LLC

(Must end with 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:

7800 South Red Road Suite # 302  
Miami, FL 33143

7800 South Red Road Suite #302  
Miami, FL 33143

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:

CARLOS GARCIA, P.A.

Name

500 South Dixie Highway Suite 202

Florida street address (P.O. Box NOT acceptable)

Coral Gables

FL 33146

City

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..*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE  
OFFICE  
TALLAHASSEE, FL

2021 MAY 19 PM 12:08

10

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

VICTOR ESTEBAN ESTRADA  
7800 South Red Road Suite 302  
Miami, FL 33146

MGR

Sebastian Estrada  
7800 South Red Road Suite 302  
Miami, FL 33146

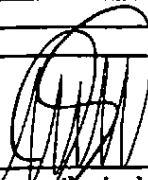
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 05/14/2021. (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (6), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

VICTOR ESTEBAN ESTRADA

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)

2021 MAY 19 PM 12:08  
SECTION 605.0203 (1) (6)  
TALLAHASSEE, FL  
STATE