

L21000233364

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(Address)

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(City/State/Zip/Phone #)

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- ☐ **CERTIFIED COPY** _____
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1. MIRACLES 6279, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIRACLES 6279, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9000 SHERIDAN ST

SUITE 138

PEMBROKE PINES, FL 33024

Mailing Address:

9000 SHERIDAN ST

SUITE 138

PEMBROKE PINES, FL 33024

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

RCG ACCOUNTING & ASSOCIATES, INC.

9000 SHERIDAN STREET, SUITE 138

PEMBROKE PINES, FL 33024

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

(CONTINUED)

ARTICLE IV- Members/Managers

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

**CARLOS ALEJANDRO DOMMAR
9000 SHERIDAN STREET, SUITE 138
PEMBROKE PINES, FL 33024**

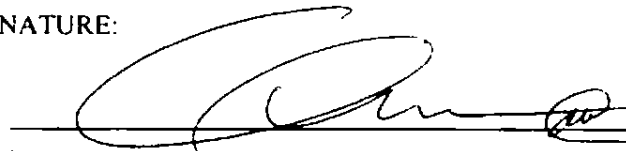
AMBR

**VALENTINA ISABEL HALIWA MACHADO
9000 SHERIDAN STREET, SUITE 138
PEMBROKE PINES, FL 33024**

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is May 20, 2021.

REQUIRED 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.

CARLOS ALEJANDRO DOMMAR

Typed or printed name of signee

2021.05.20 11:06 AM