

From:

5/09/2021

P.000004

6/4/2021

Division of Corporations

# Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : 360 CORPORATE SOLUTIONS, LLC  
Account Number : I20210000090  
Phone : (305)529-5440  
Fax Number : (305)230-7733

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: lpacho@gemrtcpa.com

## FLORIDA LIMITED LIABILITY CO.

Stud Carmen Cristina, LLC

Certificate of Status	0
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From:

06/09/2021 11:24

#005 P.002/004

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** STUD CARMEN CRISTINA LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lendy Pachó

Name of Person

360 Corporate Solutions, LLC

Firm/Company

2600 S Douglas Rd., Ste 800

Address

Coral Gables, FL 33134

City/State and Zip Code

lpacho@gemrtcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lendy Pachó

305

529-5440

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations

**Street Address**

New Filing Section Division  
The Centre of Tallahassee

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

STUD CARMEN CRISTINA, LLC

(Must contain 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:1411 NE 102 Street  
Miami Shores, FL 331381411 NE 102 Street  
Miami Shores, FL 33138

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

360 Corporate Solutions, LLC  
Name2600 S Douglas Rd., STE 800  
Florida street address (P.O. Box NOT acceptable)

<u>Coral Gables</u>	<u>FL</u>	<u>33134</u>
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..


  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV.**

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

**Title:**

"AMBR" = Authorized Member

"MGR" - Manager

AMBR

**Name and Address:**

JOSE ANTONIO CARRILLO PUJOL

1411 NE 102 Street

Miami Shores, FL 33138

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** \_\_\_\_\_, (OPTIONAL)

**ARTICLE 7. Effective Date.** This Agreement shall be effective on the date of filing. (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**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.

JOSE ANTONIO CARRILLO PUJOL

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)