

L21000282242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

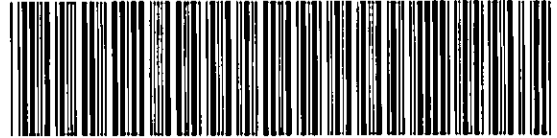
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/17/21--01001--015 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FL

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QWIK COURIER
400 CAPITAL CIRCLE SE
SUITE 18267
TALLAHASSEE, FLORIDA 32301
850-284-4584

WE ARE KINDLY REQUESTING THE FOLLOWING:

PLEASE PUT IN OUR BOX WHEN COMPLETED

PLEASE DO NOT MAIL

Castle in the Sand Investment LLC

THANK YOU SO VERY MUCH!!!!!!

COVER LETTER

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

SUBJECT: Castle in the Sand Investment 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:

Jorge Salcedo
Name of Person
Salcedo Attorneys At Law, P.A.
Firm/Company
200 S Biscayne Blvd., Suite 2700
Address
Miami, FL 33131
City/State and Zip Code
jsalcedo@lawjsh.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Salcedo 305 375-0640
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|---|---|---|

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Castle in the Sand Investment 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:

1407 Thunderbird Rd.
Champions Gate, FL 33896

Mailing Address:

1407 Thunderbird Rd.
Champions Gate, FL 33896

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:

JSH Register Agent Services, Inc.

Name

200 S Biscayne Blvd., Suite 2700

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

Miami

FL

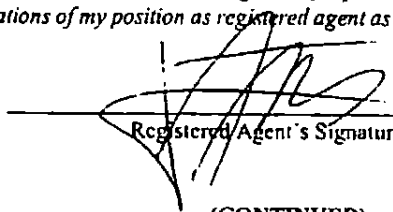
33131

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)

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TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

SEE ATTACHMENT

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

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.

Alberto José Sauma Feris

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)

ARTICLE IV – MANAGERS’ INFORMATION

Name: Alberto José Sauma Feris, MGR

San Jose, San Rafael del Escazú,
800 meters west of the Vivero Exótica,
Trejos Montealegre Urbanization, Costa Rica

Name: Maria Aurelia Ruiz Vargas, MGR

San Jose, San Rafael del Escazú
800 meters west of the Vivero Exótica,
Trejos Montealegre Urbanization, Costa Rica

Name: Rashid Antonio Sauma Ruiz, MGR

Escazú San Rafael del Rest Villa Rey,
800 N Cond. Los Castaños #7, Costa Rica

Name: Yamna Sauma Ruiz, MGR

San Rafael Escazú Rest. Villa Rey,
300N 200E Cond. Los Castaños N6, Costa Rica

Name: Mayid Antonio Sauma Ruiz, MGR

San Jose, Santa Ana, Pozos, De La Cruz Roja
100 O Cond. Arborera – Casa #119 C/Beige
M/D ** 10903, Costa Rica

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