

# Florida Department of State

Division of Corporations

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

From:  
Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.  
Account Number : 076624003440  
Phone : (305)444-6226  
Fax Number : (305)442-4829

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

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO. VALVERDE 9 LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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ARTICLES OF ORGANIZATIONOFVALVERDE 9 LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I  
NAME

The name of this Limited Liability Company is: VALVERDE 9 LLC

ARTICLE II  
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III  
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV  
ADDRESS

The principal office address and the mailing address of this Limited Liability Company in the State of Florida is 2100 SALZEDO STREET, SUITE 201, CORAL GABLES FL 33134. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V  
REGISTERED OFFICE, REGISTERED AGENT

That VALVERDE 9 LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

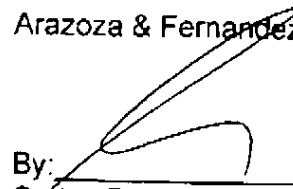
In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That VALVERDE 9 LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named ARAZOZA & FERNANDEZ-FRAGA P.A. as its Agent, of 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent

Arazoza & Fernandez-Fraga P.A.

By:   
Carlos F. Arazoza  
Director  
June 15, 2021

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TALLAHASSEE, FLORIDA

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ARTICLE VI  
MANAGEMENT

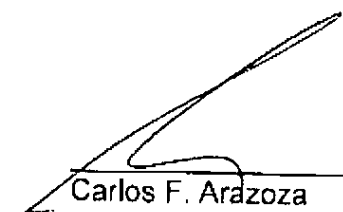
The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

The Initial Managers of the Company are:

ALAIN TOHME, of  
2100 SALZEDO STREET, SUITE 201  
CORAL GABLES FL 33134

MAYA NASSAR, of  
2100 SALZEDO STREET, SUITE 201  
CORAL GABLES FL 33134

WITNESS the hand and seal of the Authorized Person in Miami-Dade County, State of Florida, on the 15<sup>th</sup> day of June 2021.

  
Carlos F. Arazoza  
Authorized Person

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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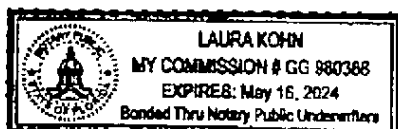
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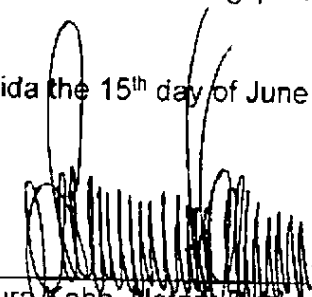
STATE OF FLORIDA                     )  
  ) SS:  
COUNTY OF MIAMI-DADE         )

The foregoing instrument was acknowledged before me via ☒ physical presence or ☐ electronic appearance on this 15<sup>th</sup> day of June, 2021, by Carlos F. Arazoza, as Authorized Person for VALVERDE 9 LLC, being personally known to me or having produced a \_\_\_\_\_ as identification.

WITNESS my hand and seal at Miami-Dade County, Florida the 15<sup>th</sup> day of June 2021.

My commission expires:



  
\_\_\_\_\_  
Laura Kohn, Notary Public  
State of Florida at Large