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FILED  
TALLAHASSEE, FLORIDA  
JUN 2 2021

2021 JUN -2 AM 6:11

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W21000040505

Kaylee Dunn

May 28, 2021

To Whom it may Concern

Per your request, enclosed please find the filing form for Articles of Organization for Florida Limited Liability Company signed by me, Julian Ricardo Garzon Trujillo.

Please advise me if you received my money order submitted on March 07, 22021.

Thank you for your prompt attention to this matter

Sincerely,

JULIAN RICARDO GARZON TRUJILLO

Julian Ricardo Garzon Trujillo

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2021 JUN -2 AM 6:11  
TALLAHASSEE, FLORIDA  
2021 JUN -2 PM 12:49

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PRIMEPLACE 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:

Julian Garzon

Name of Person

PRIMEPLACE LLC

Firm/Company

820 NW 87th Ave. Apt. 316

Address

Miami, FL 33172

City/State and Zip Code

prmplacc@gmail.com

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

For further information concerning this matter, please call:

Julian Garzon 954 5924353  
Name of Person at ( ) 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  
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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRIMEPLACE 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:

820 NW 87th Ave, Apt. 316  
Miami, FL 33172

820 NW 87th Ave, Apt. 316  
Miami, FL 33172

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:

Julian Garzon

Name

820 NW 87th Ave, Apt. 316

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

Miami

FL

33172

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..*

Julian Ricardo Garzon Trujillo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

AMBR

Julian Garzon  
820 NW 87th Ave. Apt. 316  
Miami, FL 33172

AMBR

Andres Murcia  
Calle 3 #71G-06  
Bogota, Colombia 11011

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 1st, 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.)

**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:**

Julian Ricardo Garzon Trujillo

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.

Julian Garzon

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)

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FALLAHASSEE, FLORIDA

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