

6/17/2021

L21000286160

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 : BELOFF LAW, P.A.
 Account Number : I2008000060
 Phone : (305)673-1101
 Fax Number : (305)673-5505

2021 JUN 18 PM 4:13
 DIVISION OF CORPORATIONS
 FLORIDA

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

Email Address: SHERY@BELOFFLAW.COM

FLORIDA LIMITED LIABILITY CO.
 ERS CLOSING PROFESSIONALS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

2021 JUN 18 PM 4:56

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COVER LETTER

To: Registration Section/Division of Corporation

Subject: New Entity Filing

Entity Name: ERS CLOSING PROFESSIONALS, LLC

STATE OF FLORIDA
FALL HASSELL, FLORIDA

2021 JUN 18 PM 4:13

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Memo: The enclosed Articles of Organization and Fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sherry Gomez
 Beloff Law, P.A.
 1691 Michigan Avenue
 Suite 250
 Miami Beach, FL 33139
 Telephone: 305-673-1101
 Fax: 305-673-5505
 Email Address: Sherry@belofflaw.com

Requested Items:

- Entity Filing
- Certificate of Status
- Certified Copy

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**ARTICLES OF ORGANIZATION
FOR
ERS CLOSING PROFESSIONALS, LLC
a Florida Limited Liability Company**

The undersigned, desiring to form a Limited Liability Company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

ARTICLE I- NAME:

The Name of the Limited Liability Company is:

ERS CLOSING PROFESSIONALS, LLC

ARTICLE II- ADDRESS:

The Address of its Principal Place of Business, as well as the Mailing Address for this Limited Liability Company is:

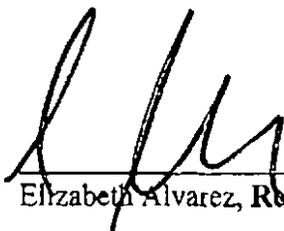
**1691 Michigan Ave., Suite 250
Miami Beach, FL 33139**

ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The Name and the Florida Address of the Registered Agent are:

**Beloff Law, PA
1691 Michigan Ave., Suite 250
Miami Beach, FL 33139**

Having been named as registered agent and to accept service of process for the above state 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.



Elizabeth Alvarez, Registered Agent

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ARTICLE IV-

The Name and Address of Each Person Authorized to Manage and Control the Limited Liability Company:

TITLE:

NAME AND ADDRESS:

Manager

**Elizabeth Alvarez
1691 Michigan Ave., Suite 250
Miami Beach, FL 33139**

Manager

**Ruth Gonzalez
1691 Michigan Ave., Suite 250
Miami Beach, FL 33139**

Manager

**Sherry Gomez
1691 Michigan Ave., Suite 250
Miami Beach, FL 33139**

ARTICLE V-

Effective Date, if other than the date of filing: _____ (Optional)

ARTICLE VI- Other provisions, if any.

REQUIRED SIGNATURE:



Elizabeth Alvarez, as Manager

(In accordance with Section 605.0203 (1)(b), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 1817.155, F.S.)

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