

7/28/2021

Division of Corporations

**L21000345239**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000288162 3)))



H210002881623ABC/

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : H & R TAX ADVISORS LLC  
Account Number : I20200000057  
Phone : (786)857-6652  
Fax Number : (786)204-3320

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

Email Address: jannett@hrtaxadvisors.com

**FLORIDA LIMITED LIABILITY CO.**  
**101 Crandon 375 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

JUL 30 2021

T. SCOTT

RECEIVED  
DIVISION OF CORPORATIONS  
JUL 29 PM 12:37

2021 JUL 29 PM 12:37

2021 JUL 29 AM 8:46

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000288162 3)))

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 101 Crandon 375 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:

Jannett A Rodriguez

\_\_\_\_\_  
Name of Person

H&R Tax Advisors LLC

\_\_\_\_\_  
Firm/Company

12741 SW 38th TER

\_\_\_\_\_  
Address

Miami, FL 33175

\_\_\_\_\_  
City/State and Zip Code

jannett@hrtaxadvisors.com

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

For further information concerning this matter, please call:

Jannett A Rodriguez 786 857-6252

\_\_\_\_\_  
Name of Person

at ( )

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  
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

(((H21000288162 3)))

(((H21000288162 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

101 Crandon 375 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:12741 SW 38th TERMiami, FL 33175Mailing Address:12741 SW 38th TERMiami, FL 33175

## 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:

H&R Tax Advisors LLC

Name

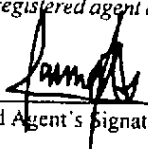
12741 SW 38th TERFlorida street address (P.O. Box **NOT** acceptable)MiamiFL33175

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)

 JUL 29 PM 12:37  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE

(((H21000288162 3)))

(((H21000288162 3)))

**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:**MGREduardo Plana Olmeda12741 SW 38th TERMiami, FL 33175

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08/01/21. (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:**  
Eduardo Plana Olmeda**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.

Eduardo Plana Olmeda

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)

(((H21000288162 3)))