

8/2021

Division of Corporations

L21000358277

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.

(((H210003003723)))



H210003003723ABCS

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: 360 CORPORATE SOLUTIONS, LLC
Account Number: I20210000090
Phone: (305)529-5440 786-269-0183
Fax Number: (305)529-5441 786-513-3244

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

Email Address: pilar@rhtaxlaw.com

FLORIDA LIMITED LIABILITY CO.

MIP Capital, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

2021 AUG -9 PM 4:35

FILED

2021 AUG -9 PM 4:26

**ARTICLES OF ORGANIZATION
OF
MIP CAPITAL, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **MIP CAPITAL, LLC**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

360 Corporate Solutions, LLC
2600 S. Douglas Rd., Suite 800
Coral Gables, FL 33134

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

360 Corporate Solutions, LLC
2600 S. Douglas Rd., Suite 800
Coral Gables, FL 33134

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.

360 Corporate Solutions, LLC, as Registered Agent



Name: Mauricio D. Rivero
Title: Managing Member

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Rita del Rocio Miranda 2600 S. Douglas Rd., Suite 800 Coral Gables, FL 33134
MGR	Sergio Oscar Miranda 2600 S. Douglas Rd., Suite 800 Coral Gables, FL 33134

CORPORATE SOLUTIONS, LLC
TALLAHASSEE, FL

2021 AUG -9 PM 4:35

FILED

ARTICLE V: Effective Date

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

(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 need 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:**

_____**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on August 9, 2021._____
Name

(In accordance with section 605.0203(1)(b), Florida Statutes, 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 Section 817.155, Florida Statutes.)

RITA del ROCIO MIRANDA

Typed or printed name of signee