

# L21000402593

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.

((H21000336769 3)))



H210003367693ABC4

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I2000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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.  
MELBOURNE PARASOL INVESTMENT LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

2021-09-10 11:3:22

LAZARUS CORPORATE FILING SERVICE, INC.

2021 SEP 10 PM 1:15

# **ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

## **ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

**Melbourne Parasol Investment LLC**

## **ARTICLE II - Address:**

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

2103 Coral Way, Suite 800  
Miami, Florida 33145

## **ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

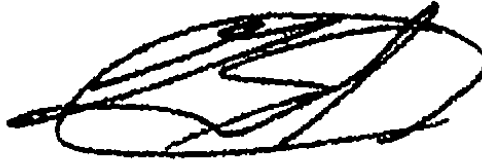
ANDERSON CASTRO, P.A.  
2103 Coral Way, Suite 800  
Miami, Florida 33145

## **ARTICLE IV-**

The name and title of each person authorized to manage and control the Limited Liability Company:

GERARDO DIAZ SIERRA, Manager  
2103 Coral Way, Suite 800  
Miami, Florida 33145

2021 SEP 10 PM 1:15  
COLLIER COUNTY, FLORIDA

**Required Signatures:**

**Signature of a member or an authorized representative of a member.**

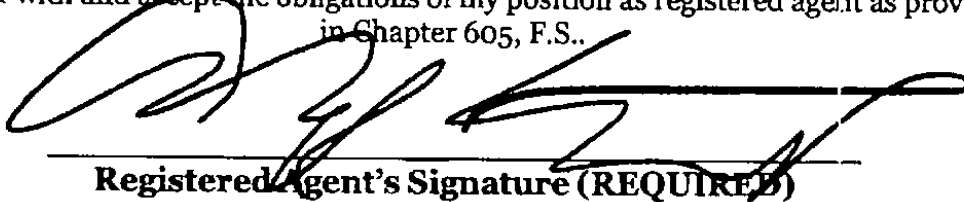
In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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 s.817.155, F.S.

GERARDO DIAZ SIERRA, Manager

**Typed or printed name of signee**

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)**



215 NORTH EOLA DR  
ORLANDO, FLORIDA 32801

POST OFFICE BOX 2809  
ORLANDO, FLORIDA 3202-2809

TEL: 407-843-4600 / FAX: 407-843-4444

[www.lowndes-law.com](http://www.lowndes-law.com)

**From:** Name: Passley, Tami  
Fax Number: 407-843-4444

**To:** Name:  
Company:  
Fax Number: 1-850-617-6381

---

**Subject:**  
Springs Venture Out LLC

**Comments:**

---

Date and time of transmission: 9/10/2021 3:00:24 PM  
Number of Pages: 0

*If you did not receive all of the pages, please contact us as soon as possible.*

*The information contained in this transmission is attorney privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone collect and return the original message to us at the above address via the U.S. Postal Service. We will reimburse you for postage.*

*Thank you.*