Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : 360 CORPORATE SOLUTIONS, LLC

Account Number : I20210000090 : (305)529-5440 Fax Number : (305)529-5441

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

FLORIDA LIMITED LIABILITY CO.

777 P&I Investments, LLC

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9/25/21

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COVER LETTER

TO:	New Filing S	ection .			
	Division of C				
SUBJE	777 P&I CT:	Investments, LLC			
			of Limited Li	iability Company	
The enc	losed Articles o	of Organization and fee	e(s) are submi	itted for filing	
		pondence concerning th		_	
	Raul A. Gi			J	
			Nam	e of Person	
	360 Corpo	rate Solutions, LLC			
	-		Firm	/Company	
	2600 Doug	las Road, Suite 800			
			A	ddress	
	Coral Gable	es, FL 33134			
			City/State	and Zip Code	
		emrtepa.com			
		E-mail address: (to be	used for futu	re annual report notifica	ntion)
For further	information co	oncerning this matter, p	lease call:		
	Raul A. Guz		305	529-5440	
	Nan		Area Code	Daytime Telepho	ne Number
Enclosed	is a check for t	he following amount:			
□\$125.0	O Filing Fee	☐\$130.00 Filing Fe Certificate of Status	Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ig Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, Fl. 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

777 P&I Investm	ents, LLC			
(Must o	contain the words "Limited Li	ability Company,	"L.L.C.," or "LLC.")	_
ARTICLE II - Address:				
The mailing address and stre	et address of the principal off	ice of the Limited	Liability Company is:	
Prin	cipal Office Address:		Mailing Address:	
6764 NW 182nd	Street Apartment 104	676	NW 182nd Street Apartment 104	
Hialeah, FL 33015		Hial	Hialeah, FL 33015	
	Agent, Registered Office, &	Registered Ager	ıt's Signature:	
(The Limited Liability Comp another business entity with		Registered Agen egistered Agent.		2021 SEF
The Limited Liability Comp another business entity with	any cannot serve as its own R an active Florida registration.	Registered Agen egistered Agent.) gent are:	ıt's Signature:	SEP 2
The Limited Liability Comp another business entity with	any cannot serve as its own R an active Florida registration. eet address of the registered a 360 Corporate Solution	Registered Agen egistered Agent.) gent are:	ıt's Signature:	SEP 29
The Limited Liability Comp another business entity with	any cannot serve as its own R an active Florida registration. eet address of the registered a 360 Corporate Solution	Registered Agenegistered Agent.) gent are: as, LLC Name	ıt's Signature:	SEP 2
(The Limited Liability Comp another business entity with	any cannot serve as its own R an active Florida registration. eet address of the registered a 360 Corporate Solution	Registered Agent.) gent are: ns. LLC Name	it's Signature: You must designate an individual or	SEP 29 AM
(The Limited Liability Comp another business entity with	any cannot serve as its own R an active Florida registration. eet address of the registered a 360 Corporate Solution 2600 Douglas Road, St	Registered Agent.) gent are: ns. LLC Name	it's Signature: You must designate an individual or	SEP 29

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)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>MGR</u>	Pedro Pedrianes 6764 NW 182nd Street Apartment 104 Hialcah, FL 33015
AMBR	Frank Pedrianes 6764 NW 182nd Street Apartment 104 Hialeah, FL 33015
(Use attachment if necessary)	
If an effective date is listed, the date must be sp he date of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.
REOUIRED SIGNATURE:	Mr.
This document is execut I am aware that any false	ted in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State efforms as provided for in s.817.155, F.S.
Pedro Pedrianes	
	Typed or printed name of signee