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**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 : UNITED AGENT SERVICES LLC
Account Number : I20210000087
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Fax Number : (520)333-2793

12:42
10/21/21

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

Email Address: filings@unitedagentservices.com

**FLORIDA LIMITED LIABILITY CO.
Riviera Draco LLC**

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

H21000391206 3

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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

Mailing Address:

6000 Island Blvd. Apt. 502
Aventura FL, 33160-3763

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

Name _____

Florida street address (P.O. Box **NOT** acceptable)

Windermere	FL	34786
City	State	Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Teodoro Cohen
1654 Presidential Way,
Miami, FL 33179

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

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.

Shayne Trinidad

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)

850-817-6381

10/20/2021 10:17:08 AM PAGE 1/001 Fax Server



October 20, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GLAZIER & GLAZIER & DIETRICH, P.A.

SUBJECT: O & A HOLDING, LLC
REF: W21000138846

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L09000069520 - OA HOLDINGS, LLC.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon FAX Aud. #: H21000389447
Regulatory Specialist II Supervisor Letter Number: 521A00025510
New Filing Section