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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A.C. T. LISIME

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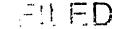
TO: New Filing Sec Division of Co			
	Contemporary Rea	ll Pieces, LLC	
SUBJECT:			_
	Name of Limi	ited Liability. Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
LUIS E. FE	RNANDEZ, ESQ.		
		Name of Person	
SENTINEL	CORPORATE SERVICES	LLC	
		Firm/Company	
14411 S. DI	XIE HWY SUITE 220		
		Address	
MIAMI, FL	33176		
PARALEGA	Cit L@LEF-LAW.COM	y/State and Zip Code	
1	E-mail address: (to be used for	or future annual report notificat	ion)
For further information co	ncerning this matter, please (call:	·
	RNANDEZ, ESQ 305		
)	
Nam	e of Person Are	a Code Daytime Telephon	ie Number
Enclosed is a check for the	he 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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 DEC -3 PH 4: 08

Contemporary	Real	Pieces,	LLC

A

The mailing address and street a				
<u>Princi</u>	oal Office Address:		Mailing Address:	
14411 S. DIXIE HWY	,	1441	II S. DIXIE HWY	
SUITE 220		SUL	ΓE 220	
MIAMI, FL 33176		MIA	MI, FL 33176	
The Limited Liability Companion ther business entity with an	y cannot serve as its own active Florida registratio	Registered Agent. 'n.)	nt's Signature: You must designate an individual o	or
ARTICLE III - Registered Ag The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its own active Florida registratio	Registered Agent. on.) I agent are: YTE SERVICES LLC	You must designate an individual o	or
The Limited Liability Companinother business entity with an	y cannot serve as its own active Florida registration address of the registered	Registered Agent. (en.)	You must designate an individual o	or
The Limited Liability Companion ther business entity with an	y cannot serve as its own active Florida registration address of the registered SENTINEL CORPORATION AND ADDRESS OF THE PROPERTY OF THE PROPER	Registered Agent. on.) I agent are: ATE SERVICES LLC Name SUITE 220	You must designate an individual o	or
The Limited Liability Companion ther business entity with an	y cannot serve as its own active Florida registration address of the registered SENTINEL CORPORA	Registered Agent. on.) I agent are: ATE SERVICES LLC Name SUITE 220	You must designate an individual o	or
The Limited Liability Companion ther business entity with an	y cannot serve as its own active Florida registration address of the registered SENTINEL CORPORATION AND ADDRESS OF THE PROPERTY OF THE PROPER	Registered Agent. on.) I agent are: ATE SERVICES LLC Name SUITE 220	You must designate an individual o	or

На 1e pla 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 of provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = A	utborized Member -		
"MGR" = Ma			
MGR	Ü	RODRIGO BLANCO	
		14411 S. DIXIE HWY SUITE 220	
		MIAMI, FL.33176	
			<u> </u>
			. –
			
			
			•
			7-
			-
	 _		<u> </u>
LEV: Effective	ent if necessary) e date, if other than th	he date of filing: (OPTIONAL)	.) o or 90 day
LE V: Effective factive date is less of filing.) If the date inser	e date, if other than the listed, the date must ted in this block doe	he date of filing: (OPTIONAL to be specific and cannot be more than five business days prior to so not meet the applicable statutory filing requirements, this date retirent of State's records.	o or 90 day
LE V: Effective fective date is less of filing.) If the date inser- ument's effective	e date, if other than the listed, the date must ted in this block doe	t be specific and cannot be more than five business days prior t es not meet the applicable statutory filing requirements, this date	o or 90 day
LE V: Effective fective date is less of filling.) If the date inser- ument's effective LE VI: Other pro-	e date, if other than the listed, the date must ted in this block does we date on the Depar	t be specific and cannot be more than five business days prior to some the applicable statutory filing requirements, this date attment of State's records.	o or 90 day
LE V: Effective fective date is less of filling.) If the date inser- ument's effective LE VI: Other pro-	e date, if other than the disted, the date must ted in this block does we date on the Departovisions, if any. SIGNATURE: Signature of This document is I am aware that an	t be specific and cannot be more than five business days prior to some the applicable statutory filing requirements, this date attment of State's records.	o or 90 day
LE V: Effective fective date is less of filling.) If the date inser- ument's effective LE VI: Other pro-	e date, if other than the disted, the date must ted in this block does we date on the Departovisions, if any. SIGNATURE: Signature of This document is I am aware that an	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Stray false information submitted in a document to the Department of the specific and submitted in a document to the Department of the specific and submitted in a document to the Department of the specific and section 605.0203 (1) (b), Florida Stray false information submitted in a document to the Department of the section 605.0203 (1) (b), Florida Stray false information submitted in a document to the Department of the section 605.0203 (1) (b), Florida Stray false information submitted in a document to the Department of the section 605.0203 (1) (b), Florida Stray false information submitted in a document to the Department of the section 605.0203 (1) (b), Florida Stray false information submitted in a document to the department of the section 605.0203 (1) (b).	o or 90 day

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate (Co.)

\$ 5.00 Certificate of Status (Optional)