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COVER LETTER

	022 LLC				
•	Nar	ne of Lim	nited Liabil	ity Company	
ed Articles of	f Organization and	fee(s) are	submitted	for filing.	
rn all corresp	ondence concernin	ig this ina	tter to the t	following:	
VALERIA:	SCHVARTZMAN				
			Name of	Person	200.0000
LAW OFFI	CE OF VALERIA	SCHVA	RTZMAN		
			Firm/Co	mpany	
12550 BISC	AYNE BLVD ST	E 406			
		· -	Addr	css	
MIAMI, FL	33181				
VALEDIA (A)	SCHVI AW COM		ity/State an	d Zip Code	
			for future a	nnual report notificat	ion)
aformation co	oncerning this matte	er, please	call:		
VALERIA			5	9740114	
Nan	ne of Person		ea Code	Daytime Telephon	ne Number
	J				
Filing Fee			Certifi	ed Copy	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
New Filing Section Division of Corporations			~~		
P.O. B	lox 6327			2415 N. Monroe Stre	et, Suite 810
	ed Articles of the ATOLE 20 and	Name of Person Articles of Organization and real correspondence concerning VALERIA SCHVARTZMAN LAW OFFICE OF VALERIA 12550 BISCAYNE BLVD ST MIAMI, FL 33181 VALERIA@SCHVLAW.COM E-mail address: (to aformation concerning this matter) VALERIA Name of Person a check for the following amounts of the concerning this matter) Certificate of S Mailing Address New Filing Section	ATOLE 2022 LLC Name of Lim Name of Lim Name of Lim Name of Lim ATOLE 2022 LLC Name of Lim Name of Corporation and fee(s) are Naticles of Organization and fee(s) are NALERIA SCHVARTZMAN LAW OFFICE OF VALERIA SCHVA 12550 BISCAYNE BLVD STE 406 MIAMI, FL 33181 CVALERIA@SCHVLAW.COM E-mail address: (to be used afternation concerning this matter, please value of Person Art Art Art Art Name of Person Art Art Art Art Art Art Art Ar	ATOLE 2022 LLC: Name of Limited Liabil ed Articles of Organization and fee(s) are submitted an all correspondence concerning this matter to the fivalent and schwartzman Name of LAW OFFICE OF VALERIA SCHVARTZMAN Firm/Co 12550 BISCAYNE BLVD STE 406 Addr MIAMI, FL 33181 City/State and VALERIA@SCHVLAW.COM E-mail address: (to be used for future and formation concerning this matter, please call: VALERIA Name of Person Area Code a check for the following amount: Filing Fee \$130.00 Filing Fee & Catificate of Status Certificate of Status Mailing Address New Filing Section Division of Corporations P.O. Box 6327	ATOLE 2022 LLC Name of Limited Liability Company and Articles of Organization and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: VALERIA SCHVARTZMAN Name of Person LAW OFFICE OF VALERIA SCHVARTZMAN Firm/Company 12550 BISCAYNE BLVD STE 406 Address MIAMI, FL 33181 City/State and Zip Code VALERIA@SCHVLAW.COM E-mail address: (to be used for future annual report notificate of formation concerning this matter, please call: VALERIA Name of Person Area Code Daytime Telephor a check for the following amount: Filing Fee Certificate of Status New Filing Section Division of Corporations P.O. Box 6327 Namore Street Address New Filing Section Division of Corporations P.O. Box 6327 Namore Street Address New Filing Section The Centre of Tallah 2415 N. Monroe Street Namore Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Street

FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE. FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$125.00 AUTHORIZATION: **ATOLE 2022 LLC** Business name Document # ____ Certified copy of Articles of Organization Pick up time ____ Certificate of Status Will wait **NEW FILINGS AMMENDMENTS** __ Amendment Profit **Not for Profit** Resignation of R.A. Officer/Director X Limited Liability Change of Registered Agent Dissolution/Withdrawal **Domestication** Merger Other **CORP** Correction **REGISTERATION/QUALIFICATIONS OTHER FILINGS** ____ Foreign filing Annual Report ___Limited Partnership Reinstatement Fictitious Name ___ APOSTIL ()__ _ Other

EXAMINER'S INITIALS:_____

Country

П



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2021

FLORIDA CAPITAL COURIER

SUBJECT: ATOLE 2022 LLC
Ref. Number: W21000156931

We have received your document for ATOLE 2022 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the Registered Agents name exactly as it appears on DOS records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan Regulatory Specialist III Letter Number: 421A00029722

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

, ,	MINATOR STA	
ATOLE 2022 LLC		
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
12550 BISCAYNE BLVD STE 406	12550 BISCAYNE BLVD STE 406	
MIAMI, FL 33181	MIAMI, FL 33181	

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

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

	VALERIA SCHVAR	TZMAN
	Name	
12550 BISCAYNI	E BLVD STE 406	
Florida street add	ress (P.O. Box <u>NOT</u> a	eceptable)
MIAMI	FL	33181
City	State	Zip

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. Thereby 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 IV-

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

Title: "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager AHBR	ABI J. toledano Milgran				
AMBR	Anali I Bruckstein De Tolo				
	2721 DEC SI CAETA				
***************************************	TO PH				
(Use attachment if necessary)	2: 59 FL				
RTICLE 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					
ne document's effective date on the Department of State's records. RTICLE VI: Other provisions, if any.					
REQUIRED SIGNATURE:	. Tel				
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.					

ABI JACOBO TOLEDANO MILGRAN
Typed or printed name of signee