

# L21000522826

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

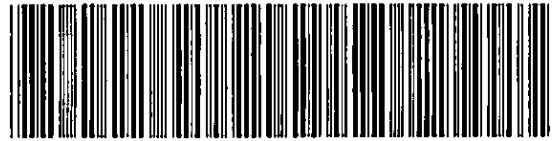
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



300372750103

RECEIVED  
2021 DEC 10 AM 8:22  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
2021 DEC 10 AM 10:48  
TALLAHASSEE, FL

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/10/2021

**\*\*WALK IN\*\***

ENTITY NAME BORINQUEN 10, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$125

ACCOUNT #: I20160000072

*E. B. F. W.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2021

SUNSHINE STATE

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: BORINQUEN 10, LLC  
Ref. Number: W21000157839

We have received your document for BORINQUEN 10, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Need the correct amount for filing.

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: 421A00029947

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2021 DEC 13 PM 1:50

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 DEC 10 AM 8:22

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FL

BORINQUEN 10, LLC

(Must contain the words "Limited Liability 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:

605 West Flagler Street  
Miami, FL 33130

605 West Flagler Street  
Miami, FL 33130

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.)

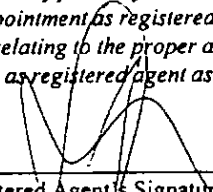
The name and the Florida street address of the registered agent are:

Thomas G. Sherman, P.A.  
Name

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

|                     |           |              |
|---------------------|-----------|--------------|
| <u>Coral Gables</u> | <u>FL</u> | <u>33134</u> |
| 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, 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)

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

MGR

**BRICK ONE, LLC**  
605 West Flagler Street  
Miami, FL 33130

**\$ 5.00 Certificate of Status (Optional)**

STATE OF TEXAS  
COUNTY OF DALLAS

2021 DEC 10 AM 9:22

10